



Personal - Post agency  
activity

**SECRET**

SECRET

## EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE

(Date)

FOR THE FOLLOWING REASON

MAR 2 10 20 AM '70

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

403 Shiner Rock Rd.  
Rockville, Maryland 20851

## INSTRUCTIONS

Items 1 thru 7, and Items 9 thru 18a — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular  
Part Time  
Temporary  
Temporary-Part Time

Summer  
Detail-Out  
Detail-In

WAE  
Consultant  
Military

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE  
Major Component (Director, Deputy Director, etc.)  
Office, Major Staff, etc.  
Foreign Field or U.S. Field (if pertinent)  
Division or Staff (subordinate to first line)  
Branch  
Section  
Unit

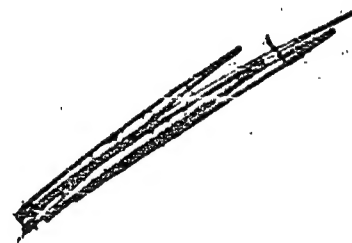
Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining Career Service* should approve and the other Career Service should concur in Item 18, Remarks.

**ROUTING**— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET





MEDICAL

2 JUL 1969

MEMORANDUM FOR: Mr. Balmes N. Hidalgo, Jr.

SUBJECT : Exceptional Service Emblem

1. Your request for consideration to receive the Exceptional Service Emblem has been reviewed by this office to determine your eligibility for the award. With considerable regret, I must concur in the assessment that the injuries you suffered in the line of duty do not fall under the special criteria governing award of the Exceptional Service Emblem. Hazardous duties, in the meaning of the governing regulation, relate to duties performed in areas in which internal strife, civil disturbances or hostile action by armed forces or persons unfriendly to the United States were present at the time the injury was incurred, or, relate to duties performed in an assignment defined as hazardous due to unusual geographic or other natural conditions.

2. You may be sure that this decision has been based upon thoughtful deliberation. Please accept my personal thanks for a job well done under difficult conditions.

Robert C. Wattles  
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - C/WH/Pers
- 1 - OPF/Hidalgo
- 1 - D/Pers
- 2 - BSD/HMAB

SECRET

24 June 1969

MEMORANDUM FOR: Baltes N. Hidalgo

VIA : WA/RMO

SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 70-1, Para. 4.d. You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

*E. Marelius*  
EDWARD A. MARELIUS  
DDP Records Management Officer

cc: Personnel File of Addressee

SECRET

GROUP I  
Excluded from automatic  
downgrading and  
declassification

SENSITIVE OPERATIONAL  
1968

SECRET

(When Filled In)

438

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER: 027630										10 August 1966	
2. NAME (Last-First-Middle): HIDALGO, EMILIO N., JR.											
3. NATURE OF PERSONNEL ACTION: DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM										4. EFFECTIVE DATE REQUESTED: MONTH 08, DAY 14, YEAR 66	
5. CATEGORY OF EMPLOYMENT: REGULAR											
6. FUNDS: <input checked="" type="checkbox"/> V TO V, <input type="checkbox"/> V TO C, <input type="checkbox"/> C TO V, <input type="checkbox"/> C TO C										7. COST CENTER NO. CHARGE: 7235-0620	
8. LEGAL AUTHORITY (Completed by Office of Personnel): PL 88-643 Sect. 203											
9. ORGANIZATIONAL DESIGNATIONS: DDP/WH										10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.	
11. POSITION TITLE:										12. POSITION NUMBER:	
13. CAREER SERVICE DESIGNATION: D											
14. CLASSIFICATION-SCHEDULE (GS 18, 19, 20):										15. OCCUPATIONAL SERIES:	
16. GRADE AND STEP: 12										17. SALARY OR RATE: \$	
18. REMARKS: YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.											
18A. SIGNATURE OF REQUESTING OFFICIAL:				DATE SIGNED:		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER:				DATE SIGNED:	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING: NUMERIC, ALPHABETIC		22. STATION CODE	23. INTEGRATE CODE	24. MOOTER CODE	25. DATE OF BIRTH: MO, DA, YR	26. DATE OF GRADE: MO, DA, YR	27. DATE OF LEI: MO, DA, YR		
28. RTE EXPIRES: MO, DA, YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA: 1-ESC, 2-TYR, 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA: TYPE, MO, DA, YR		33. SECURITY REG NO			34. SER	
35. VET PREFERENCE: 1-NONE, 2-1 PT, 3-10 PT			36. SERV COMP DATE: MO, DA, YR	37. LONG COMP DATE: MO, DA, YR	38. CAREER CATEGORY: CAR RESP, PROB, TEMP	39. FEGLI HEALTH INSURANCE: CODE, 1-YES, 2-NO	40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA: CODE, 1-NO PREVIOUS SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA: CODE, NO. TAX EXEMPTIONS		44. STATE TAX DATA: CODE, NO. TAX EXEMPTIONS		45. POSITION CONTROL CERTIFICATION		
46. O.P. APPROVAL: See memo signed by D/Pers dated 26 JUL 1966				DATE APPROVED:							

1152  
3-7-66

USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last, first, middle)								10 DECEMBER 1965	
027630		HIDALGO, BAYNES N.									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT					DEC 19 65			REGULAR			
6. FUNDS		7. V TO V		8. V TO O		9. CENTER NO. CHARGE			10. LEGAL AUTHORITY (if employed by (Name of Personnel))		
X						6235 - 0620					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/WH BRANCH 2 PANAMA SECTION					WASHINGTON, D. C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER/SERVICE DESIGNATION			
OPS OFFICER (GS-12)					1318			D			
14. CLASSIFICATION SCHEDULE (G.S. 1.B. ch.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		12 -2		\$ -10,987				
18. REMARKS											
FROM: WH/C/MIAMI OPS BR/FT SECTION/5235 - 1162/1145/WASHINGTON, D. C.											
<div style="float: right; border: 1px solid black; padding: 5px;"> Recorded by CSPD Sgt </div>											
1 - FINANCE											
18A. SIGNATURE OF REQUESTING OFFICER					DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED	
ROBERT D. CASHMAN C/WH/PERSONNEL					12 DEC 65		[Signature]				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. S/N OR CODE	23. INTEGRAL CODE	24. HOURS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI		
57	11	7370 114		7513							
28. NTE EXP. RES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA		33. SECURITY REG UP		34. SEX		
							EOD DATA				
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI HEALTH INSURANCE	40. SOCIAL SECURITY NO.						
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE EXT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
45. POSITION CONTROL CERTIFICATION				46. CP APPROVAL				DATE APPROVED			
				[Signature]				12/15/65			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

**CONFIDENTIAL**  
(When Filled In)

<b>NOTICE OF LONGEVITY COMPUTATION DATE</b>		<input checked="" type="checkbox"/> <b>VOUCHERED</b>
		<input type="checkbox"/> <b>INVOICED</b>
<b>NAME (Last, First, Middle)</b>		<b>SERIAL NUMBER</b>
HIDALGO B N Jr		027630
<b>OFFICE (and division)</b>		
DDP/WH		
<input type="checkbox"/> <b>ORIGINAL</b>	<b>LONGEVITY COMPUTATION DATE</b>	
<input checked="" type="checkbox"/> <b>CORRECTION</b>	02-15-52	
<b>THIS DATE</b>	<b>SIGNATURE (Office of Personnel)</b>	
12-13-65	[Signature]	
<b>FORM 171a</b> 11-59	<b>CONFIDENTIAL</b>	(4)

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 October 1964	
1. SERIAL NUMBER 000030		2. NAME (Last-First-Middle) CASTLE, T									
3. NATURE OF PERSONNEL ACTION CASTLE, T					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 1 1964		5. CATEGORY OF EMPLOYMENT PERMANENT				
6. FUNDS V TO V C TO V		V TO C C TO C		7. COST CENTER NO. CHARGE ABLE 235-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff Counter-Intelligence Staff Operations Section					10. LOCATION OF OFFICIAL STATION Washington, D.C.						
11. POSITION TITLE OPN OFFICER					12. POSITION NUMBER 007		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (G.S. 18, on 1) 15			15. OCCUPATIONAL SERIES 015-01		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE \$10,200				
18. REMARKS From: WFF/SAB/OS/S Rev. 436 Security Interest: 10/28/64 10/12/64 1 of Security Recorded by CSPD ref photo for 11/12/64											
19. SIGNATURE OF PROMOTING OFFICIAL [Signature]				DATE SIGNED 10/29/64		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER A. B. [Signature]				DATE SIGNED 10-30-64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 3710		22. EMPLOY CODE 10		23. OFFICE CODING NUMERIC ALPHABETIC 49150 5-AS		24. STATION CODE 75013		25. INTEREST CODE		26. MOTIVS CODE 1	
27. DATE OF BIRTH MO DA YR 05 27 19		28. DATE OF GRADE MO DA YR		29. DATE OF LEI MO DA YR		30. DATE OF RETIREMENT MO DA YR		31. DATE OF SEPARATION MO DA YR		32. DATE OF CORRECTION MO DA YR	
33. DATE OF INT. EXPIRES MO DA YR		34. SPECIAL REFERENCE 1-CX 2-FILA 3-NONE		35. RETIREMENT DATA COOR		36. SEPARATION DATA CODE		37. CORRECTION CANCELLATION DATA TYPE		38. SECURITY REQ NO	
39. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		40. SERV COMP. DATE MO DA YR		41. LONG COMP. DATE MO DA YR		42. CAREER CATEGORY CODE LAA-RES PROV TEMP		43. REG. HEALTH INSURANCE CODE A-YES B-YES		44. SOCIAL SECURITY NO	
45. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				46. LEAVE CAT CODE		47. FEDERAL TAX DATA CODE 1-YES 2-NONE 3-NO				48. STATE TAX DATA CODE 1-YES 2-NO	
49. POSITION CONTROL CERTIFICATION [Signature]						50. OP APPROVAL A. B. [Signature]			51. DATE APPROVED 10-30-64		

FORM 1152 USE PREVIOUS EDITIONS

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 9-11-64	
1. SERIAL NUMBER 027733		2. NAME (Last-First-Middle) L. DALLO, B. N. Jr.									
3. NATURE OF PERSONNEL ACTION EXCLUDED APPOINTMENT (over)						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 12 64		5. CATEGORY OF EMPLOYMENT REGULAR			
6. HOURS I. VJOV C. JOV		VJOV CJOV		7. COST CENTER AND CHARGE AMP 4237-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff OS/OS Development Complement						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER XXXX 7777		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE \$9000			
18. REMARKS * 0 hrs. <del>For medical reasons. Not to exceed one year.</del> For duration of period that the individual is on sick leave; not to exceed one year Kushner for SC5 1 cy Payroll; 1 cy Security 13/59										Recorded by CSPD RPH	
18A. SIGNATURE OF REQUESTING OFFICER Cecilia L. Dawson C. L. Dawson, Jr., D.C. 1970				DATE SIGNED 9 April 64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER George H. Conant				DATE SIGNED 13 Apr 64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 4447 SAS		22. STATION CODE 78613		23. INTEREST CODE		24. MONTHS CODE 1	
25. DATE OF BIRTH MO DA YR 02 12 64		26. DATE OF GRADE MO DA YR 12 22 63		27. DATE OF LEL MO DA YR 12 22 63		28. SECURITY REG. NO. 00000		29. SEX M			
29. RET. GRADES MO DA YR		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1-YES 2-FEB 3-NO		32. SEPARATION DATA CODE		33. CORRECTION CANCELLATION DATA TYPE MO DA YR		EOD DATA	
35. VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR 1 1 64		37. LONG COMP DATE MO DA YR 2 1 64		38. CAREER CATEGORY CAR STEP PROV TEMP P 1		39. FEEL HEALTH INSURANCE CODE 0-NO 1-YES		40. SPECIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE 1 1-YES 2-NO		43. FEDERAL TAX DATA FORM EMPLOYED 1-YES 2-NO 0		44. STATE TAX DATA FORM EMPLOYED 1-YES 2-NO 0		45. POSITION CONTROL CERTIFICATION	
46. OP APPROVAL George H. Conant						DATE APPROVED 13 Apr 64					

1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

18 Nov 1964

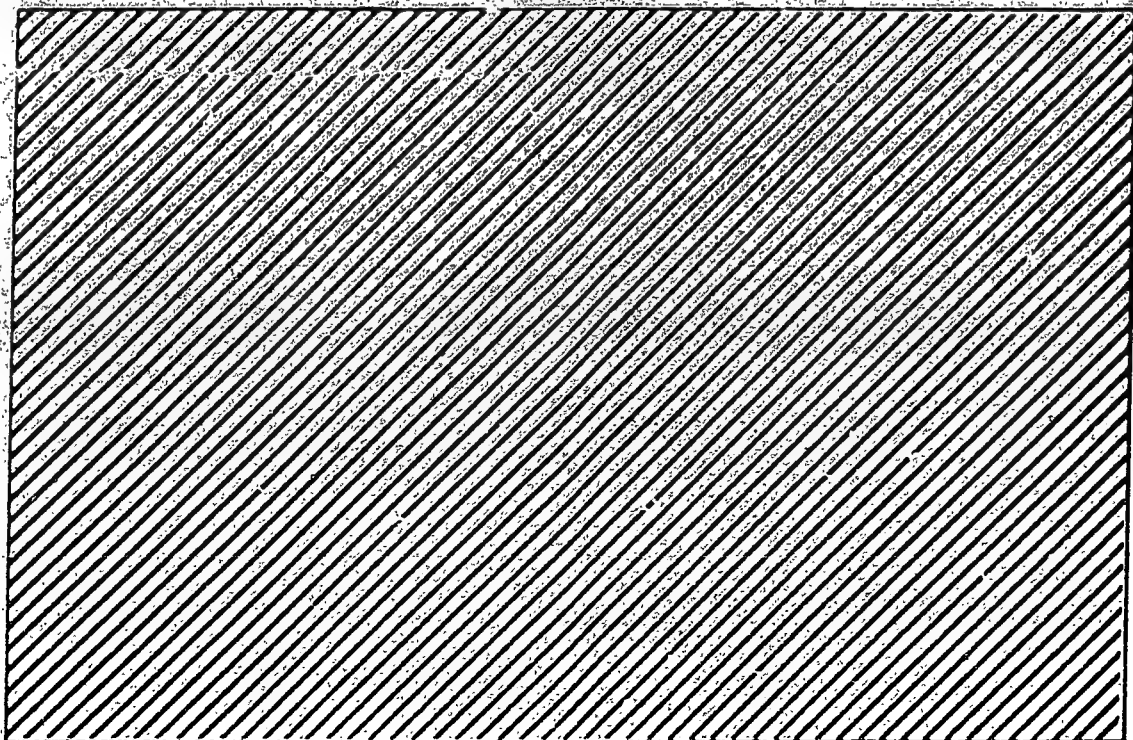
REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 027630		2. NAME (Last, First, Middle) Hidalgo, B. J.		3. DATE PREPARED 9 April 1964	
3. NATURE OF PERSONNEL ACTION Rise from NCS		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 01 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V O TO V		7. COST CENTER NO. CHARGE 4132-2001-100		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS 40 4 DDP/Credial Staff U. S. Field Forward Operations Station - JMWAVE CI Section		10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 073		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE / GS / B. Ph. / JS		15. OCCUPATIONAL SERIES 0135.01		16. GRADE AND STEP 12 (1)	
17. SALARY OR RATE \$ 0000		18. REMARKS  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Reviewed by LORD [Signature]</div> 1 by Security 1 by Payroll			
19. SIGNATURE OF REQUESTING OFFICIAL [Signature] ORVILLE C. DUNN, JR. USA/AFM		DATE SIGNED April 64		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] 124. 10	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HQS CODE
25. DATE OF BIRTH MO DA YR 05 07 19	26. DATE OF GRADE MO DA YR	27. DATE OF LET MO DA YR	28. DATE OF LEI MO DA YR		
29. NTE EXPIRES MO DA YR	30. SPECIAL REFERENCE 1-CSE 2-IFCA 3-NONE	31. RETIREMENT DATA CODE	32. SEPARATION DATA CODE	33. CORRECTION CANCELLATION DATA TYPE MO DA YR	34. SECURITY REQ NO
35. VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RES PROV TEMP	39. FEGLI HEALTH INSURANCE CODE 0-BS RLE 1-RES	40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-RECALL IN SERVICE 3-RECALL IN SERVICE (10 YEARS) 4-RECALL IN SERVICE (MORE THAN 10 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION [Signature] DATE APPROVED [Signature] DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
HIDALGO, BALMES N.	self	60-264

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 May 1960. Broken left foot.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE
	<i>B. De Felice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										18 April 1963	
2. NAME (Last-First-Middle)											
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE REQUESTED	
EXCITED APPOINTMENT										04 28 63	
5. FUNDS										7. COST CENTER NO. CHARGE	
										3132-2001-1000	
6. ORGANIZATIONAL DESIGNATIONS										8. LEGAL AUTHORITY (Completed by Office of Personnel)	
DDP/Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section										9. CATEGORY OF EMPLOYMENT	
										PER-JAP	
10. LOCATION OF OFFICIAL STATION											
JMWAVE											
11. POSITION TITLE										12. POSITION NUMBER	
OPS OFFICER										0732	
13. CAREER SERVICE DESIGNATION										D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)										15. OCCUPATIONAL SERIES	
GS										0136.01	
16. GRADE AND STEP										17. SALARY OR RATE	
11 (4)										\$ 8840	
18. REMARKS											
19. SIGNATURE OF REQUESTING OFFICIAL											
Louis W. Armstrong											
20. DATE SIGNED											
18 Apr 63											
21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER											
L. M. Collins											
22. DATE SIGNED											
11 Apr 63											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
XAF				18 April 1963	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
027630 ✓		HILL, ALAN, <del>ALAN</del> N., Jr.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
RESIGNATION			MONTH DAY YEAR 06 27 63		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
X V TO V CF TO V		V TO CF CF TO CF		1032-1000-1000	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP Special Affairs Staff FI/CI Branch			Washington, D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
OPS OFFICER			0682		D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.01		11 (4)	
17. SALARY OR RATE					
8840 ✓					
18. REMARKS					
<div style="text-align: right;">Recorded by CSPD <i>[Signature]</i></div>					
19. SIGNATURE OF REQUESTING OFFICIAL					
<i>Louis W. Armstrong</i> LOUIS W. ARMSTRONG, <i>[Signature]</i>					
DATE SIGNED		19A. SIGNATURE OF CAREER SERVICE APPROVING			
18 Apr 63		<i>[Signature]</i> 18 Apr 63			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE		20. OFFICE CODE		21. DATE OF ACTION	
45 10				1 05 19 63	
22. DATE OF ACTION		23. DATE OF ACTION		24. DATE OF ACTION	
18 Apr 63		18 Apr 63		18 Apr 63	
25. DATE OF ACTION		26. DATE OF ACTION		27. DATE OF ACTION	
18 Apr 63		18 Apr 63		18 Apr 63	
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18 Apr 63		18 Apr 63		18 Apr 63	
31. DATE OF ACTION		32. DATE OF ACTION		33. DATE OF ACTION	
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34. DATE OF ACTION		35. DATE OF ACTION		36. DATE OF ACTION	
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37. DATE OF ACTION		38. DATE OF ACTION		39. DATE OF ACTION	
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97. DATE OF ACTION		98. DATE OF ACTION		99. DATE OF ACTION	
18 Apr 63		18 Apr 63		18 Apr 63	
100. DATE OF ACTION		101. DATE OF ACTION		102. DATE OF ACTION	
18 Apr 63		18 Apr 63		18 Apr 63	

FORM 1152 OBSOLETE PREVIOUS EDITIONS  
2-62 AND FORM 1152A

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

141

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
027630		HIDALGO B N JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				04 27 63		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		3232 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0682		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		11 4		8840	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

U.S. Fish and Wildlife Service

REQUEST FOR PERSONNEL ACTION										DATE PREPARED																			
1. SERIAL NUMBER		2. NAME (Last, First, Middle)								11 December 1963																			
027630		[REDACTED]																											
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT																					
PROMOTION					DATE MONTH YEAR 1 1 63			REGULAR																					
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. CHARGEABLE			10. LEGAL AUTHORITY (Completed by Office of Personnel)																				
[REDACTED]		CF TO V		X CF TO CF		1132-2001-1000																							
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION																								
DEP Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section					JMWAVE																								
13. POSITION TITLE					14. POSITION NUMBER			15. CAREER SERVICE DESIGNATION																					
OPS OFFICER (D)					0731			D																					
16. CLASSIFICATION SCHEDULE (GS, LD, etc.)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP			19. SALARY OR RATE																					
GS (87)			0136.C1		12 (1)			1.9475																					
20. REMARKS																													
[REDACTED]																													
21. SIGNATURE OF REQUESTING OFFICIAL												DATE SIGNED		22. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED													
ORVILLE C. HAWSON, C/SAS/Fers.												12/11/63		[REDACTED]		12/11/63													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																													
23. ACT. CL. CODE														24. EMP. CODE		25. GRADE CODE		26. STATUS CODE		27. DATE OF LAST PROMOTION		28. DATE OF LAST PROMOTION		29. DATE OF LAST PROMOTION					
22														10		49730		[REDACTED]		0000		2		12/22/63		2		12/22/63	
23 N/E EMP RES														24 SPECIAL REFERENCE		25 RES. REF. DATA		26 STATUS DATA		27 DATE OF LAST PROMOTION		28 DATE OF LAST PROMOTION		29 DATE OF LAST PROMOTION					
[REDACTED]														[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]			
30 VET. PREFERENCE														31 SER. CODE		32 CODE		33 CODE		34 CODE		35 CODE		36 CODE		37 CODE		38 CODE	
[REDACTED]														[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]			
39 VET. PREFERENCE														40 SER. CODE		41 CODE		42 CODE		43 CODE		44 CODE		45 CODE		46 CODE		47 CODE	
[REDACTED]														[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]			
40. POSITION CONTROL CERTIFICATION														41. D.P. APPROVAL				42. DATE APPROVED											
[REDACTED]														[REDACTED]				[REDACTED]											

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) JONAS, Allen, Jr.				DATE PREPARED 6 Nov 1962	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 1 62		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS Y TO Y Y TO CF CF TO Y CF TO CF		7. COST CENTER NO. CHARGE ABLE 33051 (X) 300		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP Task Force W PC-CI Branch				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 002		13. CAREER SERVICE DESIGNATION J			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 000		16. GRADE AND STEP 11 04		17. SALARY OR RATE \$1920	
18. REMARKS From: DDP/AF/Platoon, 3d Co., 1st Bn., 1st Regt. Arty CO, CI BRANCH: Sgt B... Philip C. ... AF/Perf. Off. 6/11/62							
19. SIGNATURE OF REQUESTING OFFICIAL Louis W. Armstrong				DATE SIGNED 6/11/62		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER C. R. ...	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE 37		22. EMPLOY CODE 10		23. OFFICE CODING NUMERIC ALPHABETIC 61300 TFW		24. STATION CODE	
25. DATE OF BIRTH MO DA YR 1 5 12 71 19		26. DATE OF GRADE MO DA YR		27. DATE OF LST MO DA YR		28. DATE OF LST MO DA YR	
29. RET. EXP. REF. NO. DA. YR.		30. RET. REF. DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE TYPE		32. CORRECTION/CANCELLATION DATA MO. DA. YR.	
33. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		34. SER. COMP. DATE MO DA YR		35. LONG. COMP. DATE MO DA YR		36. CAREER CATEGORY CODE CAR/RESV PROV/TEMP	
37. REQ. / HEALTH INSURANCE CODE 0 - NONE 1 - YES		38. SOCIAL SECURITY NO.		39. SECURITY REG. NO.		40. SER.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE		43. STD. TAX DATA FORM PREC. 7000 1 - YES 2 - NO		44. STATE TAX DATA CODE 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION 3. Kearney 11/19/62				46. O.P. APPROVAL Philip C. ...		DATE APPROVED	



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				4. JANUARY 1962			
027630		HIDALGO, RICHARD H. JR.							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					1 1 16 2		REGULAR		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
X		2235 1000 1000							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP WH SECTION A PLANS & OPERATIONS STAFF					WASHINGTON, D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
OPS OFFICER					2A-641		D		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.01		11 3		\$6,080		
18. REMARKS									
FROM: DDP/WH/1-FI-CI/#681									
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
P. C. BOWERS C/WH/Personnel						R. H. Hickey			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. UNIT CODE	
24		C		NUMERIC ALPHABETIC				1 05127119	
24. NTE EXPIRES		25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. SEPARATION DATA		28. SECURITY REQ. NO.	
MO. DA. YR.				1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12	
								EOD DATA	
29. VET. PREFERENCE		30. SERV. COMP. DATE		31. LONG. COMP. DATE		32. MIL. SERV. DATA		33. FEELT / HED. IN. DATA	
CODE		MO. DA. YR.		MO. DA. YR.		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12	
1 = NO P. 2 = 10 P. 3 = 10 P. 4 = 10 P. 5 = 10 P. 6 = 10 P. 7 = 10 P. 8 = 10 P. 9 = 10 P. 10 = 10 P. 11 = 10 P. 12 = 10 P.									
34. PREVIOUS GOVERNMENT SERVICE DATA				35. STATE DATA		36. STATE DATA			
CODE				CODE		CODE			
1 = NO PREVIOUS SERVICE 2 = NO BREAK IN SERVICE 3 = BREAK IN SERVICE LESS THAN 12 MO. 4 = BREAK IN SERVICE MORE THAN 12 MO.				1 = YES 2 = NO		1 = YES 2 = NO			
45. POSITION CONTROL CERTIFICATION				46. J.P. APPROVAL				DATE APPROVED	
H. H. Hickey				R. H. Hickey					

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER <b>027630</b>						2. NAME (Last-First-Middle) <b>HIDALGO, B. N., Jr.</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT (And Transfer to Vouchered Funds)</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>08</b> DAY <b>20</b> YEAR <b>61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUND <b>I</b>		7. V TO V <b>X</b>		7. COST CENTER NO. CHARGEABLE <b>2635-5000-8021</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH <del>DDP</del> Branch 4 FI-CI Sec.</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>			
11. POSITION TITLE <b>OPS OFFICER (D)</b>				12. POSITION NUMBER <b>0681</b>		13. PER CONTROL NO. <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS (12)</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (3)</b>		17. SALARY OR RATE <b>\$ 8,080</b>	
18. REMARKS <b>From DDP/WH, Br. 4, #0626</b>							
19. SIGNATURE OF REQUESTING OFFICIAL <i>Herbert V. Jule</i> <b>HERBERT V. JULE, CH/WH/4/Pers.</b>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>R. R. Brady</i>			
SIGNATURE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE <b>16</b>		22. EMPLOYMENT CODE <b>10</b>		23. ACTION CODE <b>60457</b>		24. ACTION CODE <b>604</b>	
25. DATE OF ACTION <b>05/27/19</b>		26. DATE OF ACTION <b>05/27/19</b>		27. DATE OF ACTION <b>05/27/19</b>		28. DATE OF ACTION <b>05/27/19</b>	
29. DATE OF ACTION <b>05/27/19</b>		30. DATE OF ACTION <b>05/27/19</b>		31. DATE OF ACTION <b>05/27/19</b>		32. DATE OF ACTION <b>05/27/19</b>	
33. DATE OF ACTION <b>05/27/19</b>		34. DATE OF ACTION <b>05/27/19</b>		35. DATE OF ACTION <b>05/27/19</b>		36. DATE OF ACTION <b>05/27/19</b>	
37. DATE OF ACTION <b>05/27/19</b>		38. DATE OF ACTION <b>05/27/19</b>		39. DATE OF ACTION <b>05/27/19</b>		40. DATE OF ACTION <b>05/27/19</b>	
41. DATE OF ACTION <b>05/27/19</b>		42. DATE OF ACTION <b>05/27/19</b>		43. DATE OF ACTION <b>05/27/19</b>		44. DATE OF ACTION <b>05/27/19</b>	
45. DATE OF ACTION <b>05/27/19</b>		46. DATE OF ACTION <b>05/27/19</b>		47. DATE OF ACTION <b>05/27/19</b>		48. DATE OF ACTION <b>05/27/19</b>	
49. DATE OF ACTION <b>05/27/19</b>		50. DATE OF ACTION <b>05/27/19</b>		51. DATE OF ACTION <b>05/27/19</b>		52. DATE OF ACTION <b>05/27/19</b>	
53. DATE OF ACTION <b>05/27/19</b>		54. DATE OF ACTION <b>05/27/19</b>		55. DATE OF ACTION <b>05/27/19</b>		56. DATE OF ACTION <b>05/27/19</b>	
57. DATE OF ACTION <b>05/27/19</b>		58. DATE OF ACTION <b>05/27/19</b>		59. DATE OF ACTION <b>05/27/19</b>		60. DATE OF ACTION <b>05/27/19</b>	
61. DATE OF ACTION <b>05/27/19</b>		62. DATE OF ACTION <b>05/27/19</b>		63. DATE OF ACTION <b>05/27/19</b>		64. DATE OF ACTION <b>05/27/19</b>	
65. DATE OF ACTION <b>05/27/19</b>		66. DATE OF ACTION <b>05/27/19</b>		67. DATE OF ACTION <b>05/27/19</b>		68. DATE OF ACTION <b>05/27/19</b>	
69. DATE OF ACTION <b>05/27/19</b>		70. DATE OF ACTION <b>05/27/19</b>		71. DATE OF ACTION <b>05/27/19</b>		72. DATE OF ACTION <b>05/27/19</b>	
73. DATE OF ACTION <b>05/27/19</b>		74. DATE OF ACTION <b>05/27/19</b>		75. DATE OF ACTION <b>05/27/19</b>		76. DATE OF ACTION <b>05/27/19</b>	
77. DATE OF ACTION <b>05/27/19</b>		78. DATE OF ACTION <b>05/27/19</b>		79. DATE OF ACTION <b>05/27/19</b>		80. DATE OF ACTION <b>05/27/19</b>	
81. DATE OF ACTION <b>05/27/19</b>		82. DATE OF ACTION <b>05/27/19</b>		83. DATE OF ACTION <b>05/27/19</b>		84. DATE OF ACTION <b>05/27/19</b>	
85. DATE OF ACTION <b>05/27/19</b>		86. DATE OF ACTION <b>05/27/19</b>		87. DATE OF ACTION <b>05/27/19</b>		88. DATE OF ACTION <b>05/27/19</b>	
89. DATE OF ACTION <b>05/27/19</b>		90. DATE OF ACTION <b>05/27/19</b>		91. DATE OF ACTION <b>05/27/19</b>		92. DATE OF ACTION <b>05/27/19</b>	
93. DATE OF ACTION <b>05/27/19</b>		94. DATE OF ACTION <b>05/27/19</b>		95. DATE OF ACTION <b>05/27/19</b>		96. DATE OF ACTION <b>05/27/19</b>	
97. DATE OF ACTION <b>05/27/19</b>		98. DATE OF ACTION <b>05/27/19</b>		99. DATE OF ACTION <b>05/27/19</b>		100. DATE OF ACTION <b>05/27/19</b>	
45. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 08/1/61				46. O.P. APPROVAL <i>R. R. Brady</i>			

FORM 1152 OBSOLETE PREVIOUS EDITIONS  
0-90

SECRET

(4)

# SECRET

## REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vol. Pref.	5. Sex	6. CS - FOU
	HIDALGO, BALTES H., JR.	Mo. Da. Yr.	None	M	
7. SCD	8. CSC Rept.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCU
Mo. Da. Yr.	Yes-1 Code No-2		Mo. Da. Yr.	Yes-1 Code No-2	Mo. Da. Yr. Yes-1 Code No-2

### PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DIS/OTR OPERATIONS SCHOOL COVERT TRAINING		WASH., D. C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - USfld - Frpn -	INSTRUCTOR OPERATIONS	1014	GS 1711.50
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr.
			25. PSI Due
			Mo. Da. Yr.
			26. Appropriation Number
			0175-2533

### ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	17	Mo. Da. Yr.	REGULAR	17	
		06-26-60			

### PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 4	467	WASH., D. C.	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - USfld - Frpn -	OPS OFFICER	BA-626	GS 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr.
			42. PSI Due
			Mo. Da. Yr.
			43. Appropriation Number
			0135 1000 1000

### SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
1. P. C. ROWERS WH/PERSONNEL OFFICER	ELMER R. WINGROVE PERSONNEL OFFICER
2. For Additional Information Call (Name & Telephone Ex.)	
JOHN WASHINKO X8242	

### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	W. K. R. 6-21-60	6-21-60	D. Placement		
B. Pos. Control	W. K. R. 6-23-60	6-23-60	E.		
C. Classification			F. Approved By	W. K. R. 6-23-60	6-23-60

Remarks

2 copies to Security. 1 Loss Notice.

**SECRET**  
(When Filled In)

DATE PREPARED Mo Da Yr 5 20 59			REQUEST FOR PERSONNEL ACTION						V-to V XX		V-to UV	
1. Serial No.			2. Name (Last-First-Middle) HIDALGO, Balmea N., Jr.						3. Date of Birth Mo Da Yr 5 27 19		4. Vot. Pref. None-0 SP-1 10 P-2	
7. SCD Mo Da Yr No - 1 Code			8. CSC Reim. Yes - 1 Code			9. CSC Or Other Legal Authority No - 2 Code			10. Appt. Affid. Mo Da Yr Yes - 1 Code		11. FEGLI Mo Da Yr Yes - 1 Code	
12. LCD Mo Da Yr Yes - 1 Code			13. MIL SERV. CREDIT Mo Da Yr Yes - 1 Code			14. CREDIT Mo Da Yr Yes - 1 Code			15. CREDIT Mo Da Yr Yes - 1 Code			

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDP/WH Branch III Central America Section				Code		15. Location Of Official Station Washington, D. C.				Station Code	
16. Dept.-Field Dept. - Usfid. Fragn. - D		Code		17. Position Title Area Ops Officer				18. Position No. 0486		19. Serv. GS	
20. Occup. Series 0136.01		21. Grade & Step 11 1		22. Salary Or Rate \$ 7,030		23. SD D		24. Date Of Grade Mo Da Yr 03 17 58		25. PSI Due Mo Da Yr 09 10 59	
26. Appropriation Number 8-3500-20		27. Date Of Grade Mo Da Yr 03 17 58		28. PSI Due Mo Da Yr 09 10 59		29. Appropriation Number 8-3500-20		30. Date Of Grade Mo Da Yr 03 17 58		31. PSI Due Mo Da Yr 09 10 59	

**ACTION**

27. Nature Of Action Reassignment + Transfer to Confidential Funds		Code		28. Eff. Date Mo Da Yr 06 14 59		29. Type Of Employee Regular		Code		30. Separation Date	
---	--	------	--	---------------------------------------	--	---------------------------------	--	------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS/OTR Operations School Covert Training				Code 1172		32. Location Of Official Station Washington, D. C.				Station Code 75003	
33. Dept.-Field Dept. - Usfid. Fragn. - D		Code 3		34. Position Title Instructor Operations				35. Position No. 1014		36. Serv. GS	
37. Occup. Series 1711.50		38. Grade & Step 11 1		39. Salary Or Rate \$ 7,030		40. SD D		41. Date Of Grade Mo Da Yr 03 17 58		42. PSI Due Mo Da Yr 09 10 59	
43. Appropriation Number 9-7500-30-018		44. Date Of Grade Mo Da Yr 03 17 58		45. PSI Due Mo Da Yr 09 10 59		46. Appropriation Number 9-7500-30-018		47. Date Of Grade Mo Da Yr 03 17 58		48. PSI Due Mo Da Yr 09 10 59	

**SOURCE OF REQUEST**

A. Requested By (Name And Title) Mr. Glen Moorhouse, C/OS		C. Request Approved By (Signature And Title) MATTHEW BAIRD Director of Training	
B. For Additional Information Call (Name & Telephone Ext.) Mr. Elmer R. Wingrove, x-3078			

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		[Signature]		11/1/58		D. Placement		[Signature]		11/1/58	
B. Pos. Control		[Signature]		11/1/58		E.		[Signature]		11/1/58	
C. Classification		[Signature]		11/1/58		F. Approved By		C. Powell		11/1/58	

Remarks  
One copy forwarded to UNVOUCHERED Payroll. Two copies forwarded to Security.

Recorded by  
CSPD

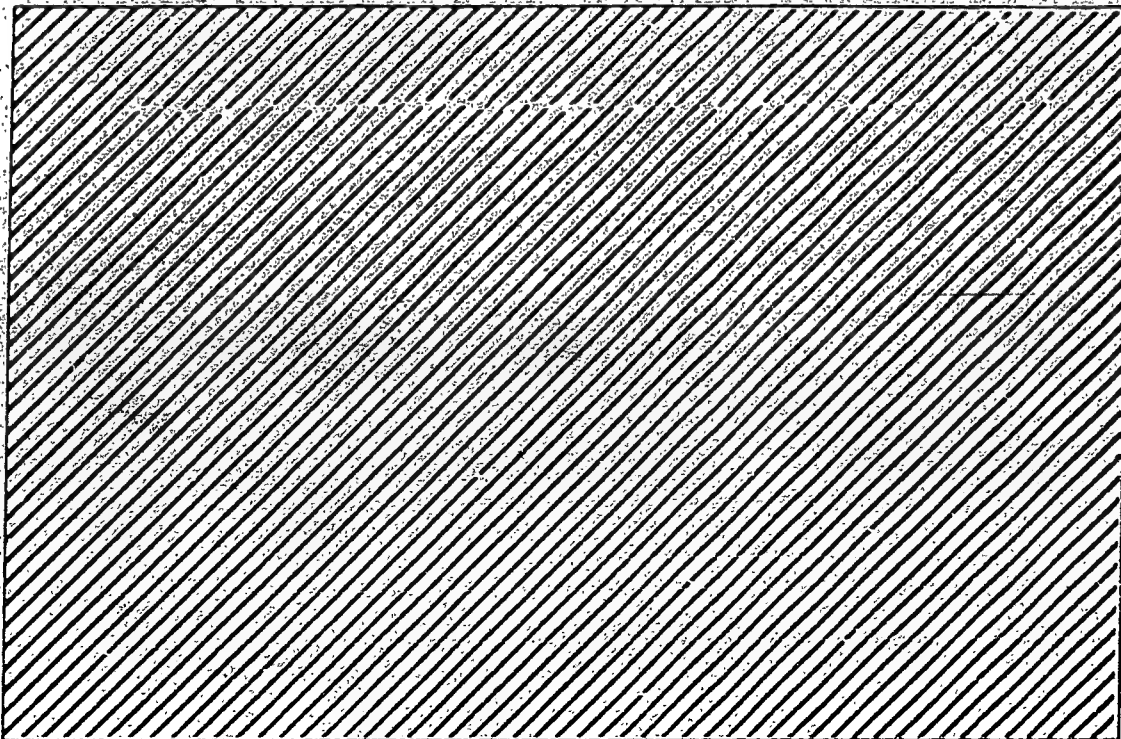
FORM 12-57 1152a (USE PREVIOUS EDITION)

**SECRET**

Security Approved For Release by NSA on 09-17-2013 pursuant to E.O. 13526

SECRET

(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HIDALGO, Ealme	unk	58-112

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 1 Oct 57.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
21 Sept 58	<i>[Signature]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

Classify According  
To Content

E 2266 REQUEST FOR PERSONNEL ACTION 7/22/58

1. Serial No. 12762	2. Name (Last-First-Middle) MR. BALMES N. HIDALGO, JR.	3. Date Of Birth Mo Da Yr 5 27 19	4. Var. Pict. None-0 Code 5. Pr-1 10 Pr-2	5. Sex M	6. GS - EOD Mo Da Yr 2 17 58
7. SCD	8. CSC Reimbr	9. GSC Or Other Legal Authority	10. Apmt Affidav	11. FEGLI	12. LCD
Mo Da Yr 7 16 46	Yes-1 Code No-2 1	504.1A 40.3.1	Mo Da Yr 3 13 51	Yes-1 Code No-2 1	Mo Da Yr 2 17 58

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
16. Dept. Field Dept. Usfld. Fragn.	Code	18. Position No.	19. Serv. 20. Occup. Series
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade Mo Da Yr
	\$		25. PSI Due Mo Da Yr
			26. Appropriation Number

## ACTION

27. Nature Of Action Excepted Appointment	Code 13	28. Eff. Date Mo Da Yr 3 17 58	29. Type Of Employee Regular	Code C1	30. Separation Date
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## PRESENT ASSIGNMENT

31. Organizational Designations DDP/WH Branch III Central America Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code
33. Dept. Field Dept. Usfld. Fragn.	Code	34. Position Title Area Ops Officer	35. Position No. # BA-486-11
36. Serv.	37. Occup. Series GS 0136.01	38. Grade & Step 11-A	39. Salary Or Rate \$ 6390
40. SD D	41. Date Of Grade Mo Da Yr 3 17 58	42. PSI Due Mo Da Yr 9 12 59	43. Appropriation Number 8-3500-20

## SOURCE OF REQUEST

A. Requested By (Name And Title) P.C. BOWERS JR. Personnel Officer	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext) JOHN WASHINKO X 8242	

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board		3/12/58	D. Placement		3/14/58
B. Pos. Control		3/17/58	E.		
C. Classification			F. Approved By	Robert W. Greay	10/15/1958

## Remarks

Subject is presently engaged as a Contract Employee with the WH Division.  
\* For slotting purposes Only.

SECRET

STANDARD FORM 52  
FORM 52-1  
U.S. GOVERNMENT PRINTING OFFICE  
1954 O - 57270-6  
MILITARY AND NAVAL PERSONNEL  
MANUAL CHAPTER 10

SECRET

UNVOUCHERED

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, One given name, initial(s), and surname) <b>Mr. Balmes N. HIDALGO, Jr.</b>	2. DATE OF BIRTH <b>27 May 1919</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>8 July 55</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): <b>Excepted Appointment</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.):		9. APPROVED:	

FROM—	10. POSITION TITLE AND NUMBER	TO— <b>I. O. (FI) BAP-277</b>
	11. SERVICE, GRADE, AND SALARY	<b>GS-0136.51-11, \$6390.00 P.a. X</b>
	12. ORGANIZATIONAL DESIGNATIONS	<b>DDP/WH</b>
	13. HEADQUARTERS	<b>Panama City, Panama</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	14. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

15. REMARKS (Use reverse if necessary)

**Subject is presently a contract employee with Project HYPOTHESIS.**

16. REQUESTED BY (Name and title) <i>[Signature]</i> C/WH	17. REQUEST APPROVED BY Signature: _____ Title: _____
18. FOR ADDITIONAL INFORMATION (Name and telephone extension) <b>P. C. Bowers, X3692</b>	

19. VETERAN'S PREFERENCE NONE WWH OTHER 5 PT 15 POINT DISAB. OTHER	20. POSITION CLASSIFICATION ACTION NEW VICE I.A. REAL •
--	---

21. SEX M W	22. RACE	23. APPROPRIATION FROM: <b>6-3525-56-051</b> TO:	24. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	25. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	26. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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27. STANDARD FORM 50 REMARKS

*[Handwritten notes and signatures]*

28. CLEARANCES	29. INITIAL OR SIGNATURE	30. DATE	31. REMARKS
A.	<i>[Signature]</i>	<b>3 Aug 55</b>	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>220</b>	<b>220</b>	
E.			


32. APPROVED BY  
*[Signature]* **7/28** *[Signature]*

**SECRET**  
(When Filled In)

1. PERSONAL SERIAL NO. <b>027630</b>		BIOGRAPHIC PROFILE (PART I) CDD: 16 Jul 1976			
2. NAME (Last-First-Middle) <b>HUTCHESON, B. N., Jr.</b>		3. SEX <b>M</b>	4. DATE OF BIRTH <b>27 May 1910</b>	5. LONGEVITY COMP. DATE <b>18 Feb 1958</b>	
6. MARITAL STATUS <b>Married</b>	7. DEPENDENTS (Include Own-Only) <b>2</b>	8. YEARS OF BIRTH <b>1914-1892</b>	9. US NATURALIZATION DATE(S) <b>RA Puerto Rico NA</b>		
10. CAREER STATUS <b>Staff</b>	11. MEMBERSHIP <b>Mar 1961</b>	12. OTHER STATUS	13. LAST MED. APT. DATE <b>Jul 1967</b>	14. QUAL. FOR <b>Dept Only</b>	15. LOCAL FOR <b>TDY O/S</b>
16. CURRENT RESERVE STATUS <b>None</b>	17. NON-SERVICE	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. 1	20. RELEASE TO MIL. SEC. CAT. 2	21. DEFERRED CAT. 3
12a. ASSESSMENT DATE <b>None</b>		12b. PROFESSIONAL TEST DATE <b>Feb 1958</b>		12c. LANGUAGE ATTITUDE TEST DATE <b>None</b>	
13. EMPLOYMENT HISTORY SINCE 13 SEPT 1942 (Personal Actions, Military Orders, and Principal Duties)					
1920-43 Military Service, US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Loggitt Co (Food Wholesaler), NYC - Correspondence Clerk 1948-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951-52 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
14. NON-CIA EDUCATION High School Graduate					
1945-46 New York University - Foreign Trade, Business Law					
15. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Portuguese - R: Inform; W, P, S, U None (Oct 1959); T None - May 1958 Spanish - R High; W Inform; P, S, U Native (Nov 1959); Translate, Interpret - May 1958					
16. AGENCY SPONSORED TRAINING					
1958 Comm Party Org & Ops      1958 Intel Orient 1958 CI Famil      1959 Picks & Locks 1958 Info Rptng, Rpts & Rqmts      1959 Audio Surveil Mgmt 1958 Operations      1966 Undetermined Entry (Act)					
17. CIA EMPLOYMENT HISTORY SINCE 13 SEPT 1942 (Personal Actions, Military Orders, and Principal Duties)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & CHRG. TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS				Panama
	Area Ops Off      0136.01	11	D	DDP/WH-III/Control America	Hq
	Jan - Feb 1959, TDY Mexico and Guatemala				
Jun 1959	Instructor (Ops)      1711.50	11	D	OTR/Ops School/Covert Trng	Hq
Jun 1960	Ops Off      0136.01	11	D	DDP/WH-4	"
Aug 1961	"      0136.01	11	D	DDP/WH-4/PI-CI Sec	"
Jan 1962	"      0136.01	11	D	DDP/WH/Plans & Ops Sec/Sec A	"
Apr 1963	"      0136.01	11	D	DDP/SAS/US Fid/Forward, Ops Sta	JMWAVE
Dec 1963	"      0136.01	12	D	"      "      "      "      "      "	"
Apr 1964	"      0136.01	12	D	DDP/SAS/CS/CS Dev Corp	Hq
Nov 1964	"      0136.01	12	D	DDP/SAS/CI Staff/Ops	"
May 1965	"      0136.01	12	D	DDP/WH/CS/CS and Ops Br	"
Dec 1965	"      0136.01	12	D	DDP/WH-2/Panama	"
18. DATE REVIEWED <b>22 Jun 1966</b>		19. PROFILE REVIEWED BY <b>huc/abc</b>		20. STENOGRAPHIC REVIEWED & VERIFIED BY EMPLOYEE <b>huc/abc 1966</b>	



**SECRET**  
(When Filled In)

PERS. SERIAL NO. 022630		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) HARRISON, R. N., Jr.		DATE OF BIRTH 27 May 1919	
23. SUMMARY OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS			
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION Appreciation 1968 from TSD/AP/CAS for the postal intercept exemplars which are invaluable to that office.			
27. DATE REVIEWED 23 Jun 1969		28. PROFILE REVIEWED BY HNS/ots	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Hidalgo Balmes N.			05/27/19	M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/CIV. BR. OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/MH/2		HQS		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
CAREER-PROVISIONAL (See Instructions - Section C)			XX ANNUAL		REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)				
31 January 1969			1 January 1968 - 31 December 1968				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Panama Desk Case Officer for Panama City Station FI operations. Prepares cables and dispatches to Panama City and other Stations and internal Headquarters correspondence.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Conducts required coordination with other offices within the agency.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Supervises and/or maintains files and regulates indexing relating to his cases.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER <b>P</b>

SECRET  
(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Power of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Hidalgo is a man of unusual background even in our unusual organization. This background undoubtedly affords him qualifications for our work, but nevertheless, on the professional level he suffers from disadvantages as well--overcoming some but not others. He is not well-educated in a formal sense, and in our world of words is not adequately equipped to prepare finished written correspondence. He has difficulty in organizing his work systematically, thus at times, giving an impression that the preparation has not been thorough--which might not really have been true.

On the other hand, Mr. Hidalgo has the advantage of native fluency in Spanish and an obvious understanding of the Latin thinking process and culture. He is broadly experienced in operations, not only as a case officer but as an actual agent himself, having served four years as a Bureau penetration of the CPUSA. He is operationally imaginative and unquestionably possesses the ingenuity and courage to translate ideas into action. In this respect, however, his efforts must be channeled and selectivity exercised. On the Panama Desk this officer provides the valuable service of operational history and continuity; he served six years in the Station and has been on the desk for three.

Continued

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 9 Jan 1969	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS GIVEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 9 January 1969	OFFICIAL TITLE OF SUPERVISOR C/WH/2/P	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Thomas D. Little
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Mr. Hidalgo is an experienced and well qualified operations officer, and it is indeed unfortunate that there are medical problems which do not allow him to be assigned overseas. Since Mr. Hidalgo cannot be assigned overseas, I too endorse his desire to be assigned to OTR or to another assignment of his choice.		
DATE 9 JAN 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/2	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Edwin M. Terrell

SECRET

SECRET

## SECTION C Continued

Hidalgo, Balmes N.

Mr. Hidalgo is a gregarious uncomplicated person, generally pleasant, and generous in his instincts--but not entirely without his quixotic side--and one whose natural Latin emotionality has been intensified by a life of experiences outside the norm, e.g. years as a CP penetration, air crashes, war wounds, etc.

This officer is aware that his intellectual background and medical debilities are obstructions to his advance. Understandably, he has developed outside interests, apparently as compensation. Expectedly, his attitudes at times so reflect.

In sum, Mr. Hidalgo serves a satisfactory function on the Panama Desk and no doubt could continue to perform so indefinitely, but in view of his limitations in a desk-bound situation and the medical restrictions, both of which will continue to inhibit his advance in his present component, this supervisor endorses Mr. Hidalgo's desire to be considered for transfer to another component, namely OTR (specifically covert training), where his attributes would likely come more directly into play. He has the operational experience, competency in a foreign language, an outgoing personality, and experience in lecturing and teaching.\* Finally, regardless of the shortcomings reflected in this evaluation, the grading officer finds much to admire in Mr. Hidalgo personally.

\*Should a suitable opening in that field be unavailable, it is felt there would be merit also in considering Mr. Hidalgo's other stated interests, i.e., the technical interrogation section of the Office of Security or OO Contacts Division.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HIDALGO, Balmes N., Jr.</b>			2. DATE OF BIRTH <b>27 May 1919</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			6. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/2</b>		
7. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION <b>Headquarters</b>		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):		
10. REASSIGNMENT SUPERVISOR			10. REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 JAN 1967 to 31 DEC 1967</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Responsible for all FI/CI Projects for the Desk</b>					<b>S</b>
SPECIFIC DUTY NO. 2 <b>Initiates, prepares and coordinates all operational communications to the field on FI/CI matters</b>					<b>P</b>
SPECIFIC DUTY NO. 3 <b>Prepares project renewals, studies and papers on FI/CI matters</b>					<b>P</b>
SPECIFIC DUTY NO. 4 <b>Translates Spanish language material for the Branch</b>					<b>O</b>
SPECIFIC DUTY NO. 5 <b>Coordinates FI/CI matters for the Desk with other Hqs components</b>					<b>S</b>
SPECIFIC DUTY NO. 6 <b>Occasionally handles visiting indigenous assets</b>					<b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
31 MAR 1967 Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>S</b>

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Comment by Mr. Tsikerdanos, previous supervisor: 15181 '67</p> <p>Mr. Hidalgo is a very capable case officer who is more suited to a field position. He is adept at handling indigenous personnel and has a keen operational mind. He is good at grasping operational leads but is not a capable writer. He has trouble expressing himself on paper. His Spanish language capability is a decided asset to the Branch. A longstanding illness has limited his effectiveness at the Desk. He is cost conscious and has no supervisory responsibilities.</p> <p>Comments by Present Supervisor:</p> <p>I concur in the above estimate of Mr. Hidalgo's operational capabilities. During the months (Oct 1966 - March 1967) I have worked with Mr. Hidalgo I have not found his health to be a factor in his performance of his duties.</p> <p style="text-align: right;">Ken Knaus</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
10 March 67	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	Formerly C/NH/2/P	<i>[Signature]</i>	
9 MAR 1967	Present C/NH/2/P	Ken Knaus	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo's health caused him to be absent from his duties several times during the first part of 1966 but these absences were for a limited period. From my observation, his health has not presented a serious problem to the performance of his duties.</p> <p>Several times during the absence of Mr. Tsikerdanos in the year 1966 Mr. Hidalgo was the acting desk officer. His performance was most satisfactory, and his supervision of the other desk employees, albeit for a limited period, was fully satisfactory.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	C/NH/2	<i>[Signature]</i> Edwin M. Terrell	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) HITLERO, Walter A., Jr.			2. DATE OF BIRTH 27 May 1919		3. SEX M		4. GRADE GS-12
5. OFFICIAL POSITION TITLE C's Officer			7. OFF/DIV/BR OF ASSIGNMENT DD//T/C		6. CURRENT STATION Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 16 Jan - 30 October 1955			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.							RATING LETTER P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and							RATING LETTER S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.							RATING LETTER S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.							RATING LETTER S
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S

4 JAN 1956

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B by provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, <sup>Office of</sup> <del>developed</del> to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p> <p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p> <p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>an</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET



SECRET  
(When Filled In)

BIOGRAPHIC PROFILE (PART I) SCID: 16 Jul 1946									
1. PERSONAL NO. 27630		2. NAME (Last-First-Middle) JAMES H. HARRIS, JR.							
3. MARITAL STATUS Married		4. DEPENDENT(S) (If any, give names)		5. DATE OF BIRTH May 1919		6. LONGEVITY COMP. DATE 17 Mar 1958			
7. CARRIED STAFF STATUS None		8. MEMBERSHIP None		9. OTHER STATUS Pending		10. LAST REG. BY Sep 1962		11. EVAL. FOR Deft Only TDY O/S	
12. ASSESSMENT DATE None		13. PROFESSIONAL TEST DATE Feb 1958		14. LANGUAGE ABILITY TEST DATE None					
15. EMPLOYMENT HISTORY 1940-43 Military Service, US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Loebl Co (Food Wholesaler), NYC - Correspondence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951 Dept of Defense, New York QM Procurement Agency, NYC - Inspector									
16. NON-CIA EDUCATION 1945-46 New York University - Foreign Trade, Business Law									
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Portuguese - R Interim; W, P, S, U Zero (Oct 1959); T None - May 1958 Spanish - R High; W Interim; P, S, U Native (Nov 1959); Translate, Interpret - May 1958							
18. AGENCY SPONSORED TRAINING 1958 Comm Party Org & Ops 1958 Intel Orient 1958 CI Famil 1959 Picks & Locks 1958 Info Rptng, Rpts & Rqmts 1959 Audio Surveill Mgmt 1958 Operations									
19. CIA EMPLOYMENT HISTORY SINCE 15 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)									
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & DETAILED TITLE (If any)	LOCATION				
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS Panama Area Ops Off. 0136.01	11	D	DDP/WH-III/Central America	Hq				
Jun 1959	Jan - Feb 1959, TDY Mexico and Guatemala								
Jun 1960	Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covert Trng	Hq				
Aug 1961	Ops Off 0136.01	11	D	DDP/WH-4	"				
Jan 1962	" " 0136.01	11	D	DDP/WH-4/FI-CI Sec	"				
Apr 1963	" " 0136.01	11	D	DDP/WH/Plans & Ops Stf/Sec A	"				
	" " 0136.01	11	D	DDP/SAS/US Fld/forward Ops Sta	JMWAVE				
20. DATE REVIEWED 24 Oct 1963		21. PROFILE REVIEWED BY OP/POD/OJ/hes/rwh			22. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE 9 Feb 1960				


FORM 1200 (PART I) USE PREVIOUS EDITIONS

SECRET

- PROFILE

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**SECRET**  
(When Filled In)

PERS. SERIAL NO. <b>27630</b>		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) <b>HIDALGO, Balme Nieves, Jr.</b>		DATE OF BIRTH <b>May 1919</b>	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED		28. PROFILE REVIEWED BY <b>OP/POO/SAB</b>	

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)				2. DATE OF BIRTH	3. SEX	4. GRADE	5. SS
HIDALGO, BALMES				27 May 1919	M	GS-11	D
6. OFFICIAL POSITION TITLE				7. OFF/DIV/DR OF ASSIGNMENT 8. CURRENT STATION			
Ops Officer				DDP WH P&O SEC A			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
30 October 1962				17 Jan 62 - 30 Sep 62			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Responsible for initiation and development of WH Division durable assets program.							P
SPECIFIC DUTY NO. 2 Collate and maintain files on espionage laws of LA countries.							P
SPECIFIC DUTY NO. 3 Served as interpreter and translator for Division LA contacts.							P
SPECIFIC DUTY NO. 4 Coordinated with Branch 1 of WHD on FI and CI matters.							P
SPECIFIC DUTY NO. 5 Gives lectures as guest instructor to students attending School of International Communism.							S
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							P

**SECRET**  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>			
<p>Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.</p>			
<p>It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
18 Sept 62	<i>Delmar H. Hidalgo</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1962	C/WH/PO/A	<i>Clark W. Simmons</i> CLARK W. SIMMONS	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I have had insufficient personal contact with Subject to make any meaningful comments.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
13 September 1962	C/WH/CPS	<i>Vernett L. Gresham</i> VERNET L. GRESHAM	

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER				
<b>SECTION A GENERAL</b>				027630				
1. NAME (Last) <b>HIDALGO</b>		(First) <b>Baltes</b>		(Middle) <b>N., Jr.</b>				
2. DATE OF BIRTH <b>27 May 1919</b>		3. SEX <b>Male</b>		4. GRADE <b>GS-11</b>				
5. SERVICE DESIGNATION <b>D</b>		6. OFFICIAL POSITION TITLE <b>Operations Officer</b>		7. OFF. DIV./BR. OF ASSIGNMENT <b>DDP/WH, Rm. 4, D.C.</b>				
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED <input checked="" type="checkbox"/> ANNUAL			<input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P. <b>31 October 1961</b>		11. REPORTING PERIOD <b>Oct60</b> To <b>30 Sep61</b>		12. SPECIAL (Specify)				
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable				
4 - Competent		5 - Excellent		6 - Superior				
7 - Outstanding								
SPECIFIC DUTY NO. 1 <b>Hqs. C.O. for 3 major CI/PI Projects-at one time comprising 301 Agents. Originates operational traffic, Support traffic and maintains records and files.</b>		RATING NO. <b>5</b>		SPECIFIC DUTY NO. 4 <b>Responsible for spotting, interviewing and recruiting of Cuban students in the U. S. for return to Cuba for operational purposes.</b>				
SPECIFIC DUTY NO. 2 <b>Hqs. C.O. for 8 unilateral independent Agents, including originating operational and Support traffic, and maintaining proper records and files.</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5				
SPECIFIC DUTY NO. 3 <b>Interviewing, briefing and debriefing Spanish only speaking Agents and contacts for all operational Sections of the Branch.</b>		RATING NO. <b>6</b>		SPECIFIC DUTY NO. 6				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance:								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">5</div>			
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>								
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee:								
1 - Least possible degree		2 - Limited degree		3 - Normal degree				
4 - Above average degree		5 - Outstanding degree						
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES							X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY						X		
SECURITY CONSCIOUS						X		
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):								
SEE SECTION "E" ON REVERSE SIDE								

## SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>Mr. Hidalgo has done a fine job during the reporting period, while assigned to the CI Section of the Branch when it was in its most active period of buildup and operations. The manner in which he accepted any assignment is unusual and he was often working under pressure. During the period, he was on several temporary duty trips in connection with operational activities, which he completed very well.</p> <p>He has a talent for getting along with and understanding Latin Americans, and with his fluent Spanish language capability, he has performed in a commendable manner. While Mr. Hidalgo has never shunned responsibility, his assignment did entail the delegation of extensive responsibility. It is the feeling of the Rating Officer that he should be given the opportunity for greater responsibility, and training, which will qualify him for a supervisory role. After that, he should be qualified in all respects for promotion to GS-12.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
11	Subject hospitalized.	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
20 March 62	D/Chief, WH/4/CI	Robert W. Andrews
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 March 1962	C/WH/4/CI	CLARK W. SIMMONS

SECRET

SECRET

NOTIFICATION OF CANCELLATION  
OF OFFICIAL COVER BACKSTOP

DA.	14 September 1966
SUBJECT	Hidalgo, Bimes N., Jr.
FILE NO.	9927
ID CARD NO.	1140 (Returned)
EMPLOYEE NO.	

TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action)
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION WH
ATTN:	Mr. Hannah
REF:	Form 1322 dated 9 September 1966
OFFICIAL COVER DISCONTINUED	
Joint Operations Group	

☒ Unblock Records:  
(OP Memo 20-800-77)

Effective EOD

☒ Submit Form 642 To Change Limitation Category.  
(HB 20-800-2 to be redesignated HHB 20-7)

☒ Return All Official Documentation To CCS.



1-PSD:OS

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 9 April 1964
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT, SAS	HIDALGO, Balmes N., Jr.
ATTN:	Mr. Dawson	FILE NO. K-7412
REF:	Request for Cover, 9 April 1964	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
US Army Element, Joint Operations Group		NA
<input type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800-11)		
a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____		
<input checked="" type="checkbox"/> CONTINUING, EFFECTIVE <u>ROD</u>		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (RB 20-800-2)		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (RB 20-661-1)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250)		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250)		
<input type="checkbox"/> REMARKS:		

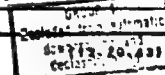
THIS MEMO MUST REMAIN  
TOP OF FILE

☐ COPY TO CPO/OP

*James H. Franklin*  
CD/sll CHIEF, MILITARY COVER, CCG

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

SECRET





SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 23 April 1963
TO: <input checked="" type="checkbox"/> (CMAA)	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	CHIEF, OPERATING COMPONENT SAS	HIDALGO, Balmea N., Jr.
ATTN:	Mr. Durham	FILE NO. K-7412
REF:	Verbal request for cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
US Army Element Joint Operations Group		
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800-11)		
a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____		
b. CONTINUING, EFFECTIVE _____ EOD _____		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800-3)		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HB 20-661-1)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-230)		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-230)		
<input type="checkbox"/> REMARKS:		

THIS MESSAGE MUST REMAIN  
ON TOP OF FILE

☐ COPY TO CPD/OP

*James H. Franklin*  
CD/pp CHIEF, MILITARY COVER, CCG

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE 9 March 1962
TO: <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICE DIVISION (Check) <input type="checkbox"/> CHIEF, OPERATING COMPONENT - WH Div	SUBJECT HIDALGO, BARTES N. JR.	
ATTN: WH/SS 1405 Barton Hall		FILE NO. K-7412 ID CARD NO. 832
REF: Your request of 1322 dated: undated MILITARY COVER DISCONTINUED		
US Army Element, Joint Operations Group		
<input checked="" type="checkbox"/> UNLOCK RECORDS: (OP memo 20-800-11)		
EFFECTIVE 27 October 1960		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HD 20-800-2)		
<input type="checkbox"/> RETURN ALL MILITARY DOCUMENTATION.		
<input type="checkbox"/> REMARKS:		
<p style="text-align: center; font-size: 2em; font-weight: bold;">THIS MEMO MUST REMAIN ON TOP OF FILE</p>		
<input type="checkbox"/> COPY TO CPD/OP		
39165		
EDP CHIEF, MILITARY COVER, CCG		
DISTRIBUTION: 1-SS/DS, 1-PSD/OS, 1-WRO/PT		

FORM 12-61 1551a

SECRET

(13-20-43)

SECRET

7 March 1968

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

THROUGH : Personnel Security Division  
Office of Security

SUBJECT : Ealmeo N. HIDALGO, Jr., Contract Employee

1. Cover arrangements have been completed for the above named subject.

2. Effective immediately, it is requested that your records be properly (blocked) (~~XXXXXXX~~) to (deny) (~~XXXXXXXXXX~~) subject's current Agency employment by an external inquirer. Subject is to be converted to Staff Employee status within the next few days.

3. This memorandum confirms an oral request of 7 March 1968.

*Edward J. Barton*  
JOSEPH M. ADAMS  
Chief, Official Cover & Liaison, CCE

cc: PSD/CS

EN

THIS SECRET

1  
23

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-221 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCT. 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT:

NAME: HIDALGO, B. N., JR. SERIAL: 02730 ORG: 51 POS: 350 V: Y STEP: 12 NEW SALARY: \$15,004

1. LAST NAME: HIDALGO, B. N. JR.		INITIAL(S):		2. APPOINTMENT DATA Entered on duty: F, T, P, T		3. TOTAL SERVICE FOR LEAVE (as of: of separation)		
4. DATE AND NATURE OF SEPARATION: RETIREMENT-DISABILITY-UNDER CIA RET AND DIS SYSTEM EFF 2/28/70				Subject to Sec 203(d) 1937 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal		Years	Months	Days
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)				REMARKS  SCD 7/16/46
5. Balance from prior leave year ended 1/10/70		ANNUAL	SICK	14. Date arrival abroad for HL purposes				
6. Current leave year accrual through 2/21/70		46	8	15. Current balance as of 19				
7. Total		24	12	16. 12 month accrual rate				
8. Reduction in credits, if any (current year)		70	20	17. Dates leave used, prior 24 months				
9. Total leave taken		4	20	18. Monthly accrual date				
10. Balance		66	-0-	19. Calendar days credit for next accrual date				
11. Total hours paid in lump sum 66 hrs				20. Date basic service period completed				
12. Salary rate(s) \$15,173.00				21. Dates during current calendar yr to				
13. Lump sum leave dates from 0830 3/02/70 to 3/11/70 1030 (Hours)				22. Dates during preceding calendar yr to				
20. Certified correct by (Signature) for Chief Payroll (Title)		5/13/70 (Date) 143-2585 (Telephone)		MILITARY LEAVE				
				23. Dates during current calendar yr to				
				24. Dates during preceding calendar yr to				
				ABSENCE WITHOUT PAY				
				25. During leave year in which separated				
				26. During step increase making period which began on 12/15/68				
				27. During 12-month HL accrual period (dates)				

Standard Form 1150  
November 1965  
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 230-31 AND 990-2

3-71-70

70-1271

70-1556

3-1 MAR 1970

Mr. Balmes N. Hidalgo, Jr.  
401 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

As you bring to a close more than twenty years of service to your country, I want to join your friends and co-workers in wishing you well and hoping that you find the years ahead filled with enjoyment and satisfaction.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I express to you my appreciation and extend my best wishes for the years ahead.

Sincerely,

/s/ Richard Holms

Richard Holms  
Director

Distribution:

0 - Addressee

1 - DDCI

1 - ER

1 - C/EAB/OS

1 - D/Pers

1 - OPF

1 - ROB Soft File \* Concur:

1 - ROB Reader

Originator:

Director of Personnel

C/EAB/OS

OP/RAD/ROB/PJSeidel:jat/3257 (5 March 1970)

8 SEP 70

Mr. Raimon N. Hidalgo, Jr.  
403 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay  
Personnel Officer

Enclosures:

Questionnaire  
Return Envelope

Distributions:

Original - Addressee  
1 - OPF  
1 - RAD Subject's File

OP/RAD/EFAB/ILShobe:dg (31 Aug 70)

SECRET

(When Filled In)

DSJ: 4 MAR 70

## NOTIFICATION OF PERSONNEL ACTION

G.F.F.

1. SERIAL NUMBER 027630		2. NAME (LAST FIRST-MIDDLE) HIDALGO, S. R. JR.	
3. NATURE OF PERSONNEL ACTION RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO DA YR 02 23 1966	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FINANCIAL ANALYSIS NO. CHARGEABLE 0235 CASE 0006	
7. CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 SECT. 231		8. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 2 PANAMA SECTION	
9. LOCATION OF OFFICIAL STATION WASH., D.C.		10. POSITION TITLE CPS OFFICER	
11. POSITION NUMBER 1312		12. SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		14. OCCUPATIONAL SERIES 0132.01	
15. GRADE AND STEP 12 5		16. SALARY OR RATE 15173	
17. REMARKS			

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 45		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MGRY CODE		25. DATE OF BIRTH MO DA YR 03 27 11		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 CSC 2 CIA 3 FICA 5 NONE		31. SEPARATION DATA CODE -70000		32. CORRECTION / CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG. NO.		34. SER.		EOD DATA			
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT		36. SERV. COMP. DATE MO DA YR		37. LONG COMP. DATE MO DA YR		38. CAREER CATEGORY CAR DESV PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE CODE 0 WAIVER 1 YES		40. SOCIAL SECURITY NO.							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS.) 3 BREAK IN SERVICE (MORE THAN 3 YRS.)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO				44. STATE TAX DATA FORM EXECUTED CODE YES TAX STATE CODE 1 YES 2 NO							

SIGNATURE OR OTHER AUTHENTICATION

POSTED

03-05-70/jsc

FORM  
5-661150  
Mig 10-67Use Previous  
Edition

SECRET

BBG

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

U.S. GOVERNMENT PRINTING OFFICE: 1965 O 385-280

BSJ: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION					
1. OFF					
1. SERIAL NUMBER	2. NAME (LAST FIRST-MIDDLE)				
027630	HIDALGO D N JR				
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT	
RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM			MO DA YR 02 28 70	REGULAR	
6. FUNDS	V TO V	V TO GF	7. Financial Analysis No Chargeable		8. CSC CS TYPE: LEGAL AUTHORITY
X	CF TO V	CF TO CF	0235 0620 0000		P.L. 88-643 SECT. 231
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION		
OPS OFFICER		1310	D		
14. CLASSIFICATION, SCHEDULE (GS, LS, OR)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE		
GS	0136.01	12 5	15173		
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					



WAGE ADJUSTMENT IN ACCORDANCE WITH SECTION 2.2 OF P.L. 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI EFFECTIVE DATE OF OCTOBER 1968.

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	DCI	FUNDS	GR-STEP	NEW SALARY
HIDALGO B N JR	027630	51	350	V	\$15,173

2

1	SERIAL NO.	2	NAME	3	ORGANIZATION	4	FUNDS	5	WOP HOURS
	027630		HIDALGO B N JR		51	350	V		
6		OLD SALARY RATE		7		NEW SALARY RATE		8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 12	4	\$13,392	12/18/66	GS 12	5	\$13,798	12/19/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>E. J. Farrell</i>						10 October 68			
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS									
<div style="border: 1px solid black; padding: 2px;">         027630 51 350 V 12 5 15173       </div>									
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (43)									

CONFIDENTIAL

jc

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11411 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$13,392

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$12,607

c/w #12

G 30

1. Service No.		2. Name		3. Civil Center Number		4. LWOP Hours	
027630		HIGALSO B N JR		41-390 V			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date
GS 12	3	\$11,685	12/19/65	GS 12	4	\$12,000	12/14/66
7. TYPE ACTION							
							77.03
8. Remarks and Authorization							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS      AUDITED BY <i>[Signature]</i>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i>				DATE: Dec 12 1966			
<b>PAY CHANGE NOTIFICATION</b>							

\_\_\_\_\_

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962.

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GRADE	OLD SALARY	NEW SALARY
WILALGO H N JR	027430	51	350	V GS 12 3	\$11,355	\$11,685

6-33

027430		WILALGO H N JR		51 350		V			
OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION	
GRADE	STEP	DATE	LAST PAY DATE	GRADE	STEP	DATE	LAST PAY DATE	PA	TV
GS 12	2	10,907	12/20/64	GS 12	3	11,355	12/1/65		
		<del>XXXXXX</del>				<del>XXXXXX</del>			
<p>NO EXCESS LROP IN PAY STATUS AT END OF WAITING PERIOD LROP STATUS AT END OF WAITING PERIOD • CLERK'S INITIALS      AUDITED BY</p>									
<p>I CERTIFY THAT THE ROPA OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE</p>									
<p>SIGNATURE: <b>E. D. Schulte</b></p>									
<p><b>PAY CHANGE NOTIFICATION</b></p>									

JH: 17 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
027630		HIDALGO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						12 19 65		REGULAR			
6. FUNDS		7. TO: W		8. TO: CP		9. COST CENTER NO. CHARGEABLE		10. CSC OR OTHER LEGAL AUTHORITY			
X		CP TO W		CP TO CP		6235 0620 0000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 2 PANAMA SECTION						WASH., D.C.					
13. POSITION TITLE						14. POSITION NUMBER		15. SERVICE DESIGNATION			
OPS OFFICER						1318		D			
16. CLASSIFICATION SCHEDULE (SEE 1.6.4)			17. OCCUPATIONAL SERIES			18. GRADE AND STEP			19. SALARY OR RATE		
GS			0136.01			12 3			11355		
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE		22. EMPLOY CODE		23. OFFICE CODING		24. STATION CODE		25. INTEGRAL CODE		26. REGIONS CODE	
37		10		51350 WH		75013		1		05 27 19	
27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI		30. DATE OF BIRTH		31. DATE OF GRADE		32. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
33. DATE OF BIRTH		34. DATE OF GRADE		35. DATE OF LEI		36. DATE OF BIRTH		37. DATE OF GRADE		38. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
39. DATE OF BIRTH		40. DATE OF GRADE		41. DATE OF LEI		42. DATE OF BIRTH		43. DATE OF GRADE		44. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
45. DATE OF BIRTH		46. DATE OF GRADE		47. DATE OF LEI		48. DATE OF BIRTH		49. DATE OF GRADE		50. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
51. DATE OF BIRTH		52. DATE OF GRADE		53. DATE OF LEI		54. DATE OF BIRTH		55. DATE OF GRADE		56. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
57. DATE OF BIRTH		58. DATE OF GRADE		59. DATE OF LEI		60. DATE OF BIRTH		61. DATE OF GRADE		62. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
63. DATE OF BIRTH		64. DATE OF GRADE		65. DATE OF LEI		66. DATE OF BIRTH		67. DATE OF GRADE		68. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
69. DATE OF BIRTH		70. DATE OF GRADE		71. DATE OF LEI		72. DATE OF BIRTH		73. DATE OF GRADE		74. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
75. DATE OF BIRTH		76. DATE OF GRADE		77. DATE OF LEI		78. DATE OF BIRTH		79. DATE OF GRADE		80. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
81. DATE OF BIRTH		82. DATE OF GRADE		83. DATE OF LEI		84. DATE OF BIRTH		85. DATE OF GRADE		86. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
87. DATE OF BIRTH		88. DATE OF GRADE		89. DATE OF LEI		90. DATE OF BIRTH		91. DATE OF GRADE		92. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
93. DATE OF BIRTH		94. DATE OF GRADE		95. DATE OF LEI		96. DATE OF BIRTH		97. DATE OF GRADE		98. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
99. DATE OF BIRTH		100. DATE OF GRADE		101. DATE OF LEI		102. DATE OF BIRTH		103. DATE OF GRADE		104. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
105. DATE OF BIRTH		106. DATE OF GRADE		107. DATE OF LEI		108. DATE OF BIRTH		109. DATE OF GRADE		110. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
111. DATE OF BIRTH		112. DATE OF GRADE		113. DATE OF LEI		114. DATE OF BIRTH		115. DATE OF GRADE		116. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
117. DATE OF BIRTH		118. DATE OF GRADE		119. DATE OF LEI		120. DATE OF BIRTH		121. DATE OF GRADE		122. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
123. DATE OF BIRTH		124. DATE OF GRADE		125. DATE OF LEI		126. DATE OF BIRTH		127. DATE OF GRADE		128. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
129. DATE OF BIRTH		130. DATE OF GRADE		131. DATE OF LEI		132. DATE OF BIRTH		133. DATE OF GRADE		134. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
135. DATE OF BIRTH		136. DATE OF GRADE		137. DATE OF LEI		138. DATE OF BIRTH		139. DATE OF GRADE		140. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
141. DATE OF BIRTH		142. DATE OF GRADE		143. DATE OF LEI		144. DATE OF BIRTH		145. DATE OF GRADE		146. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
147. DATE OF BIRTH		148. DATE OF GRADE		149. DATE OF LEI		150. DATE OF BIRTH		151. DATE OF GRADE		152. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
153. DATE OF BIRTH		154. DATE OF GRADE		155. DATE OF LEI		156. DATE OF BIRTH		157. DATE OF GRADE		158. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
159. DATE OF BIRTH		160. DATE OF GRADE		161. DATE OF LEI		162. DATE OF BIRTH		163. DATE OF GRADE		164. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
165. DATE OF BIRTH		166. DATE OF GRADE		167. DATE OF LEI		168. DATE OF BIRTH		169. DATE OF GRADE		170. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
171. DATE OF BIRTH		172. DATE OF GRADE		173. DATE OF LEI		174. DATE OF BIRTH		175. DATE OF GRADE		176. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
177. DATE OF BIRTH		178. DATE OF GRADE		179. DATE OF LEI		180. DATE OF BIRTH		181. DATE OF GRADE		182. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
183. DATE OF BIRTH		184. DATE OF GRADE		185. DATE OF LEI		186. DATE OF BIRTH		187. DATE OF GRADE		188. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
189. DATE OF BIRTH		190. DATE OF GRADE		191. DATE OF LEI		192. DATE OF BIRTH		193. DATE OF GRADE		194. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
195. DATE OF BIRTH		196. DATE OF GRADE		197. DATE OF LEI		198. DATE OF BIRTH		199. DATE OF GRADE		200. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
201. DATE OF BIRTH		202. DATE OF GRADE		203. DATE OF LEI		204. DATE OF BIRTH		205. DATE OF GRADE		206. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
207. DATE OF BIRTH		208. DATE OF GRADE		209. DATE OF LEI		210. DATE OF BIRTH		211. DATE OF GRADE		212. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
213. DATE OF BIRTH		214. DATE OF GRADE		215. DATE OF LEI		216. DATE OF BIRTH		217. DATE OF GRADE		218. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
219. DATE OF BIRTH		220. DATE OF GRADE		221. DATE OF LEI		222. DATE OF BIRTH		223. DATE OF GRADE		224. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
225. DATE OF BIRTH		226. DATE OF GRADE		227. DATE OF LEI		228. DATE OF BIRTH		229. DATE OF GRADE		230. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
231. DATE OF BIRTH		232. DATE OF GRADE		233. DATE OF LEI		234. DATE OF BIRTH		235. DATE OF GRADE		236. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
237. DATE OF BIRTH		238. DATE OF GRADE		239. DATE OF LEI		240. DATE OF BIRTH		241. DATE OF GRADE		242. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
243. DATE OF BIRTH		244. DATE OF GRADE		245. DATE OF LEI		246. DATE OF BIRTH		247. DATE OF GRADE		248. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
249. DATE OF BIRTH		250. DATE OF GRADE		251. DATE OF LEI		252. DATE OF BIRTH		253. DATE OF GRADE		254. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
255. DATE OF BIRTH		256. DATE OF GRADE		257. DATE OF LEI		258. DATE OF BIRTH		259. DATE OF GRADE		260. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
261. DATE OF BIRTH		262. DATE OF GRADE		263. DATE OF LEI		264. DATE OF BIRTH		265. DATE OF GRADE		266. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
267. DATE OF BIRTH		268. DATE OF GRADE		269. DATE OF LEI		270. DATE OF BIRTH		271. DATE OF GRADE		272. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
273. DATE OF BIRTH		274. DATE OF GRADE		275. DATE OF LEI		276. DATE OF BIRTH		277. DATE OF GRADE		278. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
279. DATE OF BIRTH		280. DATE OF GRADE		281. DATE OF LEI		282. DATE OF BIRTH		283. DATE OF GRADE		284. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
285. DATE OF BIRTH		286. DATE OF GRADE		287. DATE OF LEI		288. DATE OF BIRTH		289. DATE OF GRADE		290. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
05 27 19											
291. DATE OF BIRTH		292. DATE OF									

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WIDALGO R N JR	027630	51	500	V GS 12 2	\$10,605	\$10,987

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 027610		2. NAME (LAST-FIRST-MIDDLE) MIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE 09 J1 69		5. CATEGORY OF EMPLOYMENT		
6. FUNDS X		7. TO V		8. TO U		9. COST CENTER NO CHARGEABLE 5235 1162 0000		10. CSK OR OTHER LEGAL AUTHORITY	
11. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION MM C MIAMI OPS BR FI SEC					12. LOCATION OF OFFICIAL STATION WASH., D. C.				
13. POSITION TITLE RPS OFFICER					14. POSITION NUMBER 1145		15. CAREER SERVICE DESIGNATION U		
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12		19. SALARY OR RATE		
20. REMARKS									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 69-65 <i>HH</i> </div>									
21. SIGNATURE OR OTHER AUTHENTICATION									

Form 11508  
1-63 MAG 1-63Use Previous  
Edition

SECRET

GROUP  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

(4-51)



3CF

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
027630		MICALGO B N JR		49 997 43F						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	1	\$10,250	12/22/63	GS 12	2	\$10,605	12/20/64			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>W</i> AUDITED BY:										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE <i>[Signature]</i>						DATE <i>12-20-64</i>				
PAY CHANGE NOTIFICATION										

DEC 22 11 06 AM '64

DEC 22 11 06 AM '64

MHC: 2 NOV 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
027630		HIDALGO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						NO. DA. YR. 11 02 64		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER/NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5235 1162 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS COUNTERINTELLIGENCE STAFF OPERATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0887		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 1		10250			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		NUMERIC ALPHABETIC 49150 SAS		75013		1		25. DATE OF BIRTH	
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
										05 27 19	
26. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
NO DA YR		1 - CSC 2 - FICA 3 - NONS		CODE		TYPE		NO DA YR		34. SEX	
										EOD DATA	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						LAB 21% PROG TEMP		0 - WAIVER 1 - YES		HEALTH INS CL 20	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE				FORM EXECUTED CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						NO TAX EXEMPTIONS				NO TAX STATE CODE	
						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
FROM: DEV COMP 2											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOOTED 11/02/64 JK </div>											

FORM 11 42 1150

Use Previous Edition

SECRET

11/02/64 JK

(When Filled In)

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

PZR: 22 APR 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
027530		HIDALGO, E N JR									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CAREER PROVISIONAL EXCEPTED APPT				MO DA YR 04 12 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		4232 1230 1000		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						2227					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
CS				0130.01		12.1		2280			
18. REMARKS OTHER											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. MONTHS CODE	
13		16		NUMERIC ALPHABETIC 42227 SAS		25013					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13		MO DA YR 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO	
MO DA YR 1 1 1				1. CAC 2. FICA 3. NONE		CODE 1		TYPE NO DA YR		EOD DATA 00000	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE 0		MO DA YR 07 11 63		MO DA YR 11 17 64		CODE P		CODE 1			
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT CODE				45. FEDERAL TAX DATA			
CODE 1				CODE 0				CODE 0			
46. STATE TAX DATA				47. STATE TAX DATA				48. STATE TAX DATA			
CODE 1				CODE 0				CODE 0			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>          429.64 40       </div>											

FORM 11-62 1150

Old Previous Edition

22 APR 64

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

REF: 28 APR 64

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 027830		2. NAME (LAST-FIRST-MIDDLE) Kendall, B. J.	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE 04 25 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF X CF TO CF	7. COST CENTER NO. CHARGEABLE 4132 2001 1000	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS DOP/SAS US FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION		10. LOCATION OF OFFICIAL STATION JMWAVE	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0731	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136:01	16. GRADE AND STEP 12 1	17. SALARY OR RATE 9390
18. REMARKS <div align="right"><b>FILED ON</b> 29 APR 64</div>			

#### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. MILEAGE CODE	25. DATE OF BIRTH 05 12 19	26. DATE OF GRADE NO DA YR	27. DATE OF LEI NO DA YR
28. NTE EXPIRES NO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 CSC 2 FICR 3 NONE	31. SEPARATION DATA CODE 180001	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. SECURITY REQ NO		34. SEN	
35. NET. PREFERENCE 0 NONE 1 5 PT 2 10 PT	36. SERV. COMP. DATE NO DA YR	37. LONG COMP. DATE NO DA YR	38. CAREER CATEGORY CSC RELEV POLY TEMP	39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 YES HEALTH INS CODE	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX ABSEPTIONS 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EASMP 1 YES 2 NO STATE CODE					

#### SIGNATURE OR OTHER AUTHENTICATION

**FILED ON**  
29 APR 64

FORM 1150 11 62

Use Previous Edition

**SECRET**

28 APR 64

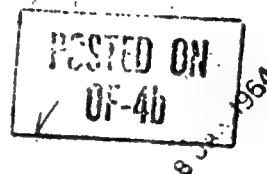
**SECRET**  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

SAS

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
<i>Hedley, B. H. Jr.</i>	027630	49	730	CF GS 12 1	\$ 9,475	\$ 9,980



**SECRET**  
(When Filled In)

300. 20 DEC 63

## NOTIFICATION OF PERSONNEL ACTION

NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)																	
027530		Hidayat, R. A. Jr.																	
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
PROMOTION						12/22/63		REGULAR											
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
CF TO V		X		CF TO CF		4132 2001 1000		50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION													
DOF SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						JMWAVE													
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION											
OPS. OFFICER						0731		D											
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE											
GS				0136.01		12 1		9475											
18. REMARKS																			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>30 Dec 63</p> </div>																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
22		10		40730 SAS		00000				2		05/27/19		12/22/63		12/22/63			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX							
				1 CBC 2 FICA 3 NONE				TYPE		EOD DATA									
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
CODE		3 NONE 1 5 PT 2 10 PT		NO DA 18		WC DA 18		CBA BENF PNUC TEMP		CODE CODE		0 WAIVER 1 YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA									
CODE				0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)		FORMER GOVT CODE		NO TAX EXEMPTIONS		FORMER GOVT CODE		NO TAX EXEMPT		CODE NO TAX STATE CODE					
SIGNATURE OR OTHER AUTHENTICATION																			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>12/27/63 JK</p> </div>																			

SECRET  
(When Filled In)

LLG: 25 APRIL 63

OAB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 037630		2. NAME (LAST FIRST MIDDLE) HARGE, W. J.									
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT CAREER PROVISIONAL						4. EFFECTIVE DATE MO DA YR 04 29 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		9. COST CENTER NO. CHARGEABLE 3152 2001 1000		10. CSC OR JIN-R LEGAL AUTHORITY 50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						12. LOCATION OF OFFICIAL STATION JMWAVE					
13. POSITION TITLE OPS OFFICER						14. POSITION NUMBER 0732		15. SERVICE DESIGNATION 0			
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 11 4		19. SALARY OR RATE 8840			
20. REMARKS  <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED ON</b>  <b>21-07-63</b>  <b>6 MAY 1963</b> </div> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 13		22. EMPLOY CODE 10		23. OFFICE CODING NUMERIC 61730 ALPHABETIC SAS		24. STATION CODE 99999		25. INTEGREE CODE 2		26. DATE OF BIRTH MO DA YR 05 27 19	
27. DATE OF GRADE MO DA YR 03 17 58		28. DATE OF LEI MO DA YR 09 16 62		29. NTE EXPIRES MO DA YR		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1. LSC 2. FICA 3. NONE CODE 1		32. SEPARATION DATA CODE	
33. CORRECTION/CANCELLATION DATA TYPE MO DA YR		34. SECURITY REQ NO 27630		35. SEX M1		36. VET. PREFERENCE CODE 0 0 NONE 1 5 PT 2 10 PT		37. SERV. COMP. DATE MO DA YR 07 16 46		38. LONG. COMP. DATE MO DA YR 03 17 58	
39. CAREER CATEGORY CODE P		40. FEDER. HEALTH INSURANCE CODE 1 0 - WAIVER 1 YES		41. SOCIAL SECURITY NO		42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)		43. LEAVE CAT. CODE 8		44. FEDERAL TAX DATA FORM EXECUTED CODE 1 YES 2 NO 0	
45. STATE TAX DATA FORM EXECUTED CODE 1 YES 2 NO 0		46. NO TAX EXEMPTIONS CODE 0		47. STATE CODE		48. SIGNATURE OR OTHER AUTHENTICATION  <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <b>15/04/63</b>  <b>WJH</b> </div> </div>					

FORM 1150  
11-62

Use Previous  
Edition

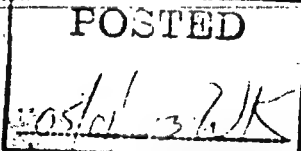
SECRET 25 APR 1963

14-511  
EXEMPT FROM AUTOMATIC  
DECLASSIFICATION  
(When Filled In)



**SECRET**  
(When Filled In)

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
027630		HIDALCO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						04 27 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
X		3232 1000 1000									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SPECIAL AFFAIRS STAFF FI/CI BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0632		D			
14. CLASSIFICATION SCHEDULE (GS, LO, WH)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			11 4			8940		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. REGIONS CODE	
45		10									
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LBI		28. DATE OF RETIREMENT		29. SEPARATION DATA CODE		30. CORRECTION/CANCELLATION DATA	
05 27 19								1ED0031		EOD DATA	
31. VET PREFERENCE		32. SERV COMP. DATE		33. LONG COMP. DATE		34. CAREER CATEGORY		35. FEDERAL HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT				43. FEDERAL TAX DATA			
44. STATE TAX DATA				45. FEDERAL TAX DATA				46. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div align="right"> <b>POSTED</b>   </div>											

FORM 1150  
11 62Use Previous  
Edition

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

14 611

(When Filled In)

ARM: 20 NOV 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
027630		HICALGO B N JR										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						11 20 62		REGULAR				
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY								
X		3232 1000 1000		50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP TASK FORCE "W" FI-CI BRANCH						WASH., D. C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
CPS OFFICER						0682		D				
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.01			11 4			8840			
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MAJORITY CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	75013		1	MO	DA	YR	MO	DA	YR
							05	27	19			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEN.
MO DA YR		1. CSC 2. OFFICA 3. NONE		CODE		DATA CODE		TYPE MO DA YR		FOD DATA		
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE		
0 - NONE 1 - 5 YR 2 - 10 YR						CAG BNSL PMSL TSWP		CODE		CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE		CODE		CODE				
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED				
								1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  </div>												

FORM 462 1150

Use Previous Edition

SECRET

122.7  
Exempt from automatic  
downgrading and  
declassification

(When Filled In)

16-811

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.  
 EFFECTIVE 16 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HIDALGO B N JR	027630	64075	V	11 4 \$ 8340	11 4 \$ 8840

235-1000

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours	
027630		HIDALGO B N JR		64 075 V /			
5 OLD SALARY RATE				6 NEW SALARY RATE			
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	Effective Date
S 11 3		\$ 8,080	03/19/61	S 11 4		\$ 8,340	09/16/62
7 TYPE ACTION							
8 Remarks and Authorization / / NO EXCESS LWOP / / EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>img</i> AUDITED BY <i>[Signature]</i> PAY CHANGE NOTIFICATION							

AES: 17 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																			
OCF																			
1. SERIAL NUMBER: 2. NAME (LAST-FIRST-MIDDLE)																			
027630 HIDALGO B N JR																			
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
REASSIGNMENT						01 17 62		REGULAR											
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
X						2235 1000 1000		50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION													
DDP WH PLANS & OPERATIONS STAFF SECTION A						WASH., D.C.													
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION											
OPS OFFICER						0641		D											
14. CLASSIFICATION SCHEDULE (GS, L8, MC)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE										
GS			0136.01			11 3			8080										
18. REMARKS																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
37		10		64075 WH		75013		1		05		27 19							
28. DTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SER							
								EOD DATA											
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/LED		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO									
CODE		0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE		0 - NONE 1 - YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT				43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS				CODE				0 - NO 1 - YES				CODE			
SIGNATURE OR OTHER AUTHENTICATION																			
E. D. JONES														1/18/62 Jm		L. 1			

Form 861 1150

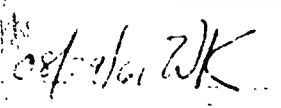
Use Previous Edition

SECRET

14-011

ARE: 18 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
027630		HIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				08 20 61		REGULAR			
6. FUNDS		7. TO V		8. TO CP		9. COST CENTER NO CHARGEABLE		10. CAC OR OTHER LEGAL AUTHORITY	
X		U TO V		CP TO CP		2635 5000 8021		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS				12. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 4 FI CI SECTION				WASH., D. C.					
13. POSITION TITLE				14. POSITION NUMBER		15. CAPTER SERVICE DESIGNATION			
OPS OFFICER				0681		D			
16. CLASSIFICATION (ON/OUTSIDE)		17. STATION CODE		18. GRADE AND STEP		19. SALARY OR RATE			
GS		0136.01		11 3		8060			
20. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING	24. STATION CODE	25. INTEGREE CODE	26. MONTH	27. DATE OF BIRTH	28. DATE OF EXPIRE	29. DATE OF LEI	
16	10	64450 WH	75013	1	05	27 19			
30. NTE EXPIRES	31. SPECIAL REFERENCE	32. RETIREMENT DATA	33. SEPARATION DATA CODE	34. CORRECTION/CANCELLATION DATA	35. SECURITY REQ NO		36. SEN		
		1 - LOC 2 - FIC 3 - NONE			EOD DATA				
37. NET PREFERENCE	38. SERV COMP DATE	39. LONG COMP DATE	40. MIL SLOW CREDIT/LED	41. PEGEL / HEALTH INSURANCE	42. SOCIAL SECURITY NO				
43. PREVIOUS GOVERNMENT SERVICE DATA			44. LEAVE CAT		45. FEDERAL TAX DATA		46. STATE TAX DATA		
CODE 1 - NO PREVIOUS SERVICE 2 - SERVED IN SERVICE (LESS THAN 12 MOS) 3 - SERVED IN SERVICE (MORE THAN 12 MOS)			CODE 1 - YES 2 - NO		CODE 1 - YES 2 - NO		CODE 1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">           B. N. HIDALGO       </div>									

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours					
527630		HIDALGO R N JR		DDP/WH 3A UV							
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ	
GS	11	2	7,820	09/20/59	11	3	8,040	04/19/61			
8. Remarks and Authentication											
<p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center"><b>ED. CHOLE</b> WK</p> <p align="center"><b>PAY CHANGE NOTIFICATION</b></p>											

Form 560

Obsolete Previous Edition

**SECRET**

(C 31)

L-1

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

ADPD 09/21/64

1. VISA NUMBER

2. NAME (Last, First, Middle)

827630

MICALGO R N JR

3. NATURE OF PERSONNEL ACTION

4. EFFECTIVE DATE

5. CATEGORY OF EMPLOYMENT

CONV. TO CAREER EMPLOYEE STATUS

03 17 61

6. FUNDS

A

F TO V

V TO O

7. COST CENTER NO. (CHARGEABLE)

8. CM OR OTHER LEGAL AUTHORITY

(F TO V)

(O TO U)

4232 1990 1000

9. ORGANIZATIONAL DESIGNATION

DDP/SAS

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

12. POSITION NUMBER

13. CAREER GRADE DESIGNATION

U

14. CLASSIFICATION SCHEDULE (45, 10, etc.)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP

17. SALARY OR RATE

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

Form 1-63 11508  
1-63 WAC 1-63Use Previous  
Edition

SECRET

Get it  
Included in the  
document  
Section 1-63

(When Filled In)

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-566 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HIDALGO B N JR	527630	46 17	GS-11 2	\$ 7,270	\$ 7,820

/S/

EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



SECRET

AES: 24 JUNE 1960													NOTIFICATION OF PERSONNEL ACTION														
1. Serial No.				2. Name (Last-First-Middle)								3. Date Of Birth				4. Sex				5. Race				6. CS-FOO			
527630				HIDALGO B N JR								Mo 05 Da 27 Yr 19				Male				M 1				Mo 03 Da 17 Yr 58			
7. SCB				8. CSC Permit				9. CSC Or Other Legal Authority				10. Appt. Affidvt				11. FEGLI				12. LFO				13. Elected			
Mo 07 Da 16 Yr 46				Yes-1 No-2 1				50 USCA 403				Mo Da Yr				Yes-1 No-2 03				Mo Da Yr 17 58				Yes-1 No-2 2			

## PREVIOUS ASSIGNMENT

14. Organizational Designations										Code		15. Location Of Official Station										Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING										1172		WASH., D. C.										75013	
16. Duty Field				17. Position Title				18. Position No.				19. Serv				20. Occup. Series							
Dept-1 Unit-3 Frm-5				3 INSTRUCTOR OPERS				1014				2				1711.50							
21. Grade & Step				22. Salary Or Rate				23. SD				24. Date Of Grade				25. PSI Dtg				26. Appropriation Number			
11 2				\$ 7270				D				Mo Da Yr Mo Da Yr 03 17 58 09 20 59				9 7500 30 018							

## ACTION

27. Nature Of Action				Code		28. Eff. Date				29. Type Of Employee				Code		30. Separation Data			
REASSIGNMENT				57		Mo Da Yr 04 24 60				REGULAR				01					

## PRESENT ASSIGNMENT

31. Organizational Designations										Code		32. Location Of Official Station										Station Code	
DDP WH BRANCH 4										4617		WASH., D. C.										75013	
33. Duty Field				34. Position Title				35. Position No.				36. Serv				37. Occup. Series							
Dept-1 Unit-3 Frm-5				1 OPS OFFICER				0626				25				0136.01							
38. Grade & Step				39. Salary Or Rate				40. SD				41. Date Of Grade				42. PSI Dtg				43. Appropriation Number			
11 2				\$ 7270				D				Mo Da Yr Mo Da Yr 03 17 58 03 19 60				0135 1000 1000							

44. Remarks

06-27-60 J.K.

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED GRADE		4. FLDS		5. ALLOTMENT	
527630		MIDALGO B H JK		DGS/TRNG 21		UV			
6. OLD SALARY RATE					7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
GS 11	1	\$ 7,030	03	17	56	GS 11	2	\$ 7,270	09 20 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LWOP, CHECK FOLLOWING:					10. INITIALS OF CLERK				
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					INITIATED BY				
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS				
GRADE	STEP	SALARY				L 756			
14. AUTHENTICATION									
<div style="position: absolute; top: 0; right: 0; text-align: right;">             PL 9/2/59              MC 4/6/59              VII           </div>									

**PERIODIC STEP INCREASE - AUTHENTICATION**

FORM NO. 560a

**SECRET**

PERSONNEL FOLDER

SECRET

JEC:12 JUNE 59												NOTIFICATION OF PERSONNEL ACTION											
1. Serial No.		2. Name (Last-First-Middle)						3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CSC: ESC								
527630		HIDALGO B N JR						Mo. Da. Yr. 05 27 19			Non-O Code 5 Pt-1 1 10 Pt-2		M 1		Mo. Da. Yr. 03 17 55								
7. SCD		8. CSC Reas.		9. CSC Or Other Legal Authority				10. Appr. Allday			11. FEGLI		12. LCD		13. Grade Code								
Mo. Da. Yr. 07 16 46		Yes-1 Code No-2 1		50 USCA 403.8				Mo. Da. Yr. 07 16 46			Yes-1 Code No-2 1		Mo. Da. Yr. 03 17 58		Yes-1 Code No-2 2								

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 1P1 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept-1 Code USMID-3 2 Fign-5		AREA OPS OF		0486		GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 1		\$ 7030		D		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 20 57		8 3500 20	

## ACTION

27. Feature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS		05		Mo. Da. Yr. 06 14 59		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING				1172		WASH., D. C.				75013	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept-1 Code USMID-3 3 Fign-5		INSTRUCTOR EXPERS		1914		IS		1711.50			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 7030		D		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 03 17 59		9 7500 20 018	

44. Remarks

POSTED

CP

## S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
 12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
 DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HIDALGO R N JR	127630	GS-11-1	\$ 6,390	\$ 7,030

GORDON M. STEWART  
 /S/ DIRECTOR OF PERSONNEL

S E C R E T

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

LVL 16 MAY 58

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vol. Prob.	5. Sex	6. GS - EOD
127630	BALMES N. HIDALGO, JR.	Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2	M 1	Mo. Da. Yr.
7. SCD	8. CSC Reent.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr.	Yes-1 No-2	Code	Mo. Da. Yr.	Yes-1 No-2	Code
07 16 58		50 USCA 403.4	03 13 58	03 17 58	2

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
16. Dept. - Field	Code	17. Position Title	18. Position No.
Dept - 9 USMID - 4 Fign - 6			19. Ser. 20. Occup. Ser. or
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
	\$		Mo. Da. Yr.
			25. PSI Due
			26. Appropriation Number

## ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
EXCEPTED APPOINTMENT CORRECTION*	12	03 17 58	REGULAR	01	

## PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 111 CENTRAL AMERICA SECTION	4613	WASH., D.C.	175013
33. Dept. - Field	Code	34. Position Title	35. Position No.
Dept - 9 USMID - 4 Fign - 6	2	AREA OPS OF	0486
36. Grade & Step	37. Salary Or Rate	38. SD	39. Date Of Grade
11 1	\$ 6300		Mo. Da. Yr.
			40. PSI Due
			41. Appropriation Number
			0136.01
42. Remarks			
*THIS ACTION CORRECTS SF 1150 EFF 17 MAR 58, ITEM #2, THE NAME, WHICH READ BALMES N. HIDALGO TO READ BALMES N. HIDALGO, JR.			

FORM NO. 1 MAR 57 1150

SECRET

(4)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
LVL 17 MAR 58															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
127630		BALMES N. HIDALGO HIDALGO BALMES N				Mo. Da. Yr. 05 27 19			None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 03 17 58		
7. SCD		8. CSC Retit.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Serv. Credit Acc.		
Mo. Da. Yr. 07 16 56		Yes-1 No-2 1		Code 50 USCA 403		Mo. Da. Yr. 03 13 53			Yes-1 No-2 1		Mo. Da. Yr. 03 17 53		Yes-1 No-2 2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 2 USMld - 4 Frgr - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.			

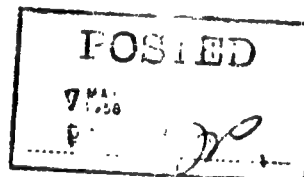
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
EXCEPTED APPOINTMENT		13		03 17 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 111 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 8 USMld - 4 Frgr - 6		AREA OPS OF				0486		US		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 6300		D		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 120 53		8 3500 2	

44. Remarks



FITNESS RPTS  
1966 - 1969

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
HIDALGO, RAFAEL, JR.			27 May 1919		GS-12 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer			DDP/FIC		Headquarters
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
			15 March - 31 October 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.					P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and					S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel, foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.					S
SPECIFIC DUTY NO. 4 Translator/Interpreter: Served as consultant to WH Division on Cuban Spanish.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
4 JAN 1966					S



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B if possible, but basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p>			
<p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p>			
<p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>one</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
HIDALGO, Balmes N.			27 May 1919	M	12 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Ops Officer			DDP/SAS Washington		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 January 1965			9 April 1964--15 March 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Participated (with other WH/SA/CI officers) in the handling and debriefing of a defected intelligence officer housed in the Headquarters area.					RATING LETTER S
SPECIFIC DUTY NO. 2 Served as Headquarters desk case officer for several counterintelligence operations--prepared cables, dispatches, and memoranda pertaining to these operations.					RATING LETTER P
SPECIFIC DUTY NO. 3 Assisted in translations and preparation of operational documents in Spanish (s/w messages, cover letters, owl messages, etc.).					RATING LETTER S
SPECIFIC DUTY NO. 4 Served as case officer for a counterintelligence operation (the agent was located in New York City) which included the debriefing, assessing, training, and dispatching of the agent to a denied area (Cuba).					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S
29 MAR 1965					

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described if applicable.</u></p>			
<p>Mr. Hidalgo's fluent knowledge of Cuban Spanish, his previous experience in DD/P Cuban operations, and his broad knowledge of Cuba (people, geography, customs, etc.) made him a particularly useful and versatile operations officer during his assignment in the WH/SA counterintelligence operations section. As indicated in Section B, (specific duties) he performed a wide variety of duties.</p>			
<p>Mr. Hidalgo approached and performed his assignments with enthusiasm, keenness, dedication, and promptness. He displayed a particular talent for conducting debriefings, and it was in this type activity that he performed best. He also writes well which added to his debriefing capability as well as to his performance as a Headquarters desk operations officer in writing cables, dispatches, memoranda, etc. Mr. Hidalgo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.</p>			
<p>Mr. Hidalgo performed most of his duties with a minimum of supervision. In a few instances, however, he had a tendency (in his eagerness and desire to get the job done well) to become impatient with the slow and deliberate pace of progress which is sometimes necessary in operational activities. In these few instances, Mr. Hidalgo's work required supervision by a senior operations officer.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
23 March 65	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
23 March 1965	WH/SA/CI/COPS	Richard Tansing	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo is a sound operations officer with native fluency in Spanish. His impatience is with administrative delays rather than with operational problems which he understands fully and handles well. He has had problems with his health but these largely have been overcome and in the past 9 months have not impeded his operational usefulness. As of the date of this fitness report, he appears fully capable of handling any CI or FI operation assigned to him.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 March 65	C WH/SA CI (WH/C/SP)	Harold F. Swenson	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
SECTION A		GENERAL			
1. NAME (Last) (First) (Middle) <b>Hidalgo, R. J.</b>		2. DATE OF BIRTH <b>27 May 1919</b>		3. SEX <b>Male</b>	
4. GRADE <b>GS-11</b>		5. SD <b>D</b>			
6. OFFICIAL POSITION TITLE <b>OPS OFFICER</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>IDP/S.1.S.</b>		8. CURRENT STATION <b>JMWAVE</b>	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input checked="" type="checkbox"/> SPECIAL (Specify)		<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify) <b>Promotion</b>			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) <b>6 May 1963 to 5 September 1963</b>			
SECTION B		PERFORMANCE EVALUATION			
<b>W - Weak</b> <b>A - Adequate</b> <b>P - Proficient</b> <b>S - Strong</b> <b>O - Outstanding</b>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. Performance is more than satisfactory. Desired results are being produced in a proficient manner. Performance is characterized by exceptional proficiency. Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 To effect security screenings of PBRUMEN refugees arriving in the JMWAVE area from PBRUMEN in joint collaboration with ODENVY representatives.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 To interrogate PBRUMEN security suspects, surfaced by the above screenings and other means, in conjunction with representatives of the KUJUMP interrogation center <b>DESK</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 To supervise the interrogation efforts of three KUJUMP interrogators connected with the JMWAVE/KUJUMP KUDESK debriefing program.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 To prepare and present to his immediate supervisor completed interrogation reports.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. <b>27 SEP 1963</b>					RATING LETTER <b>S</b>

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>The person being rated is a conscientious devoted <sup>SEP 26 2 07 PM '63</sup> <del>2 07 PM '63</del> <sup>NAUROS</sup> who has demonstrated an extraordinary ability to get along with his co-workers and other ODYOKE representatives with whom he is collaborating. He receives his assignments cheerfully and with enthusiasm and approaches all of his tasks with great zeal. He devotes an inordinate amount of his own personal time to his duties in an effort to achieve perfection and sets very high standards for his own performance. The person being rated speaks native Spanish and is able to accomplish all of his interrogations in Spanish. This ability is a great asset to him in his work and redounds in benefits to the KUDESK effort of the Station.</p> <p>The person being rated is an accomplished interrogator and thus receives very little guidance in his work. His ability to trap security suspects in contradictions is unique and is paying dividends in the WAVE KUDESK field of endeavor. He has shown mature judgment in the handling of complex security cases, balance in appraising the interrogation results and in recommending disposal action, and proficiency in the preparation of his interrogation reports. He is currently supervising the interrogation activities of three KUJUMP interrogators <del>and</del> and has shown an ability in establishing personal rapport with these interrogators and proficiency in directing their activities. It is recommended from the standpoint of his career development that after the completion of his current assignment, the person being rated be moved into an assignment involving the handling of agents in the KUDESK field of effort.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months	At time preparation this report employee was on TDY Hqs and leave. Will be shown him upon return.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 September 1963	Chief, CI Branch, JMWAVE	/s/ Neil T. PICKWORTH (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Subject is a hard working, dedicated, productive intelligence officer who has completely mastered those basic tools of the trade which are needed in CI activities. Subject has and uses native Spanish language fluency. Subject's performance during the period covered by this fitness report warrants an overall evaluation of "Strong." As a result, it is believed that Subject is a well-qualified journeyman who has earned a promotion to the grade of GS-12. Subject is strongly recommended for promotion to the grade of GS-12. Subject has additional growth potential as an intelligence officer. Subject's activities come to the attention of the Reviewing Officer on a bi-weekly basis.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1963	Chief of Station, JMWAVE	/s/ Andrew K. REUTEMAN (signed in pseudo on Fld. Trans.)	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<div style="display: flex; justify-content: space-between;"> <div> <b>SECTION A</b>            1. NAME (Last) (First) (Middle)  <b>HIDALGO, BALMES</b> </div> <div>           2. DATE OF BIRTH  <b>27 May 1919</b> </div> <div>           3. SEX  <b>M</b> </div> <div>           4. GRADE  <b>GS-11</b> </div> <div>           5. SD  <b>D</b> </div> </div>				<b>027630</b>	
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>				7. OFF/DIV/BR OF ASSIGNMENT <b>DDP WH P&amp;O SEC A.</b>	
8. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE	
10. SPECIAL (Specify):				11. SPECIAL (Specify):	
12. DATE REPORT DUE IN O.P. <b>30 October 1962</b>				13. REPORTING PERIOD (From - to) <b>17 Jan 62 - 30 Sep 62</b>	
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1  Responsible for initiation and development of WH Division durable assets program.					RATING LETTER  <b>P</b>
SPECIFIC DUTY NO. 2  Collate and maintain files on espionage laws of LA countries.					RATING LETTER  <b>P</b>
SPECIFIC DUTY NO. 3  Served as interpreter and translator for Division LA contacts.					RATING LETTER  <b>P</b>
SPECIFIC DUTY NO. 4  Coordinated with Branch 1 of WHD on FI and CI matters.					RATING LETTER  <b>P</b>
SPECIFIC DUTY NO. 5  Gives lectures as guest instructor to students attending School of International Communism.					RATING LETTER  <b>S</b>
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER  <b>P</b>

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 18 Sept 62	SIGNATURE OF EMPLOYEE <i>Adolfo L. Hidalgo</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 September 1962	OFFICIAL TITLE OF SUPERVISOR C/WH/PO/A	TYPED OR PRINTED NAME AND SIGNATURE <i>Clark H. Simmons</i> CLARK H. SIMMONS
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I have had insufficient personal contact with Subject to make any meaningful comments.		
DATE 13 September 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/OPS	TYPED OR PRINTED NAME AND SIGNATURE <i>Vernon L. Gresham</i> VERNON L. GRESHAM

SECRET

S E C R E T  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

Hidalgo, Balmeo

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

✓	1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).
✓	2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). <i>N.A.</i>
	3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
✓	4. Standard Form 2802 (Application for Refund of Retirement Deductions). <i>Medical Benefit</i>
✓	5. Form 2535 (Authorization for Disposition of Paychecks). <i>NO CHANGE</i>
	6. Applicable to returnee (resignee from overseas assignment). I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. <input type="checkbox"/> Appointment arranged with Office of Medical Services. <input type="checkbox"/> Appointment for Office of Medical Services examination declined.
	7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.
	8. Form 71 (Application for Leave).
	9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).
	10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

*[Signature]*

Date Signed

*Feb 27, 1970*

Address (Street, City, State, Zip Code)

*403 SILVER ROCK RD ROCKVILLE MD 20851*

Correspondence

☒ Overt

☐ Covert

*IR 40 VERMILION HIDALGO  
X6646*

S E C R E T



**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) (first) (middle) DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER  
 NEALGO Jr Balnes Hieves May 27 1919 123 05 9966  
 Employee Serial Number 27630  
 EMPLOYING DEPARTMENT OR AGENCY LOCATION (City, State, ZIP Code)

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE IF YOU MARKED BOX "A" OR "C".  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

13 February 1963

**FOR EMPLOYING OFFICE USE ONLY**

(Official receiving date stamp)

OFFICE OF PERSONNEL  
FEB 20 3 30 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM NO. 176-7  
JANUARY 1958  
(for use only until April 14, 1968)  
176-101

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, BALMES HIDALGO JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

17 Mar 58

(Date of entrance on duty)

Balme Hidalgo Jr.  
(Signature of appointee)

Subscribed and sworn before me this 13<sup>th</sup> day of March, A. D. 1958.

at Washington,  
(City)

D.C.  
(State)

[SEAL]

Billy A. Bussard 17 MAR 1958  
(Signature of officer)  
Appointment Clerk  
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
7615 B. T. McMillan Pl., NW - Wash. 16, D. C.

2. (A) DATE OF BIRTH 27 May 1919 (B) PLACE OF BIRTH (city and State or city and foreign country)  
Hammond, Indiana

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Louise Hunsberger (B) RELATIONSHIP wife (C) STREET AND NUMBER, CITY AND STATE (D) TELEPHONE NO.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITIVE OR (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. STAT. NO. (U. S. Form 100)	SIN. STAT. NO.

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OBEY ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give details in Item 12.			11. SINCE YOU FILED APPLICATION RELATING TO THIS APPOINTMENT:		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give details in Item 12.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. SINCE YOU FILED APPLICATION RELATING TO THIS APPOINTMENT HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$10 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(2) YOUR WORK WAS NOT SATISFACTORY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.			B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," give dates of and reasons for such debarment in Item 12.			(2) YOUR WORK WAS NOT SATISFACTORY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			If your answer to A, B, or C is "Yes," give details in Item 12 as fully as you can remember, including the name and address of employer, approximate date, and reasons in each case.		

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

**SECRET**  
(When Filled In)

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QUALIFICATIONS UPDATE							
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS							
<p>Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information, however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13, Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.</p>							
<b>SECTION I BIOGRAPHIC AND POSITION DATA</b>							
EMP. SER. NO.	NAME (Last-First-Middle)				DATE OF BIRTH		
027630	Hidalgo, Balmes N. Jr.				05/27/19		
<b>SECTION II EDUCATION</b>							
<b>HIGH SCHOOL</b>							
LAST HIGH SCHOOL ATTENDED		ADDRESS (City State Country)		YEARS ATTENDED (From To)		GRADUATE	
La Salle Academy		NYC NY		1938-1940		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE OR UNIVERSITY STUDY</b>							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/CTR. HRS. (Specify)
		MAJOR MINOR					
1. NY University		Comm Law		1943-45	NO		
UNIV of MD		Fire engineering		1968	No Credit Course		
2. Mont Jr College		Real Estate Procedures		1968	No Credit Course		
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.							
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
Suburban Hospital		Emergency Room procedures		1968		3(?)	
<b>OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. Non-Con leadership school				194?		?	
<b>SECTION III MARITAL STATUS</b>							
1. PRESENT STATUS (Single Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: <b>MARRIED</b>							
2. NAME OF SPOUSE		(Last)	(First)	(Middle)	( maiden)		
		HIDALGO	Veronica	Waylonia	Waylonia		
3. DATE OF BIRTH		4. PLACE OF BIRTH (City State Country)					
23 May 14		DuBois, Pa, USA					
5. OCCUPATION		6. PRESENT EMPLOYER					
Train Asst		CIA					
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED	
US		N/A				Birth	
<b>SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>							
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS	
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1945 NY NY		US	Arlington, Va	
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1950 NYC NY		US	Alexandria Va	
		Mother	1892 SECRET SPAIN		US	Rockville MD	

FORM 444a

ADD

Mother

1892 SECRET SPAIN

US

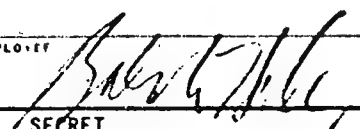
Rockville MD

(16-511)

(H) 301.001

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF ENTRY	KNOWLEDGE ACQUIRED BY... CHECK (X)			
				RECEIVED	TRAVEL	STUDY	OTHER
Havana Cuba	Language, customs, people 1919-25			X			X
Rep of Panama	" " " 1952-58		Dec 20	X	X		X
El Salvador, Mexico	" " " various			X	X		X
Guatemala, Puerto Rico	" " " various			X	X		X
SECTION VI Hawaii	TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (PPM) 2. SHORTHAND (PPM)		3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
		<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPH <input type="checkbox"/> OTHER SPECIFY:					
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
Extremely capable in First Aid (advanced) and teaching of same. Firefighting procedures. Elementary knowledge of Real Estate Procedures.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				N/A			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
N/A				N/A			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG				<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
NONE							
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
N/A		N/A		N/A			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION N/A				6. RESERVE UNIT TO WHICH N/A ASSIGNED OR ATTACHED			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED			
Non-Com leadership school		same		7777			
						PRESIDENT	
						AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP		
					FROM TO		
American Red Cross		Silver Spring Md			1964 present		
Rockville Fire Dept and OTHERS		(presently Rockville, Md)			1958 present		
International Rescue & 1st Aid Assoc		worldwide			1956(?) present		
Montgomery Board of Realtors (ASSOCIATE member) (Permanent pending)					1958 present		
3.							
SECTION X REMARKS							
I am a bit hazy on the dates.							
DATE		SIGNATURE OF EMPLOYEE					
19 Dec 68							

SECRET

SECRET

FORM 10-60 (Rev. 1-60)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK IN:			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Cuba	Area and people/Lan.	1919-1924	Family	X		X	X
Panama	Area and people/Lan	1952-58	XXXX	X	X	X	X
Dom Rep	Area and People/Lan	1965			X		X
Salvador & Guat	" "	1961-2-3			X		X

SECTION VI & Mexi TYPING AND STENOGRAPHIC SKILLS

1. TYPING (PPV) 2. SHORTHAND (BFW) 3. INDICATE SHORTHAND SYSTEM USED--CHECK IN: APPROPRIATE ITEM

☐ CREGG ☐ SPEEDWRITING ☐ STENO TYPE ☐ OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED

Quite proficient in photography - Safety and Fire engineering - First Aid including the Instruction of First Aid & Hospital Coppenman duties. SOME Real Estate knowledge.

SECTION VIII MILITARY SERVICE

CURRENT DRAFT STATUS

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? ☐ YES ☐ NO 2. NEW CLASSIFICATION: See age.

3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG: ☒ NONE ☐ ARMY ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD ☐ NAVY ☐ AIR FORCE ☐ AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE: N/A 2. DATE OF APPOINTMENT IN CURRENT RANK: N/A 3. EXPIRATION DATE OF CURRENT OBLIGATION: N/A

4. CHECK CURRENT RESERVE CATEGORY: ☐ READY RESERVE ☐ STANDBY (active) ☐ STANDBY (inactive) ☐ RETIRED ☒ DISCHARGED

5. MILITARY MOBILIZATION ASSIGNMENT: N/A 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED: N/A

MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	REASON FOR LEAVING
Non-Com leadership school	Infantry	1943	N/A

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP	
		FROM	TO
Rockville Fire Dept & others	Rockville Md & others	1958	present
Red Cross as Emergency transport and First Aid Instructor as well as Md Coppenman		1964	"
Associate member Mont Realtors		1968	"
Int Assoc Rescue & First Aid		1964	"

SECTION X REMARKS

Re Section IV: Both daughters now married.  
 Re Section III: This is second marriage.  
 Re Real Estate training: This still in active stage. Plans are to supplement my work and eventually change to it on full time basis.

DATE: 25 Nov 68 SIGNATURE OF EMPLOYEE: [Signature]

SECRET

**SECRET**  
(When Filled In)

### QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA									
EMP. SER. NO. <b>027630</b>		NAME (Last-First-Middle) <b>Hidalgo, Balmes N.</b>				DATE OF BIRTH <b>05/27/19</b>			
SECTION II EDUCATION									
HIGH SCHOOL									
LAST HIGH SCHOOL ATTENDED <b>La Salle Academy</b>		ADDRESS (City, State, Country) <b>NY City NY</b>		YEARS ATTENDED (From-To) <b>1938-40</b>		GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY			SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR HRS. (Specify)	
			MAJOR MINOR						
1. <b>New York University</b>			<b>Comm Law Import-Export procedures</b>		<b>1943/45</b>	<b>NO</b>			
2.									
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.									
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
<b>University of Md. College of Engineering</b>			<b>Fire Service extension</b>		<b>Jan 66</b>	<b>Aug 66</b>	<b>8</b>		
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
1. <b>Montgomery Junior College Rockville, Md Campus</b>			<b>Real Estate procedures</b>		<b>Oct 1968</b>		<b>1</b>		
2. <b>Suburban Hospital Bethesda, Md</b>			<b>Emergency Medical Aid/ Maryland State Corpman</b>		<b>Jan-May 1968</b>		<b>5</b>		
SECTION III MARITAL STATUS									
1. PRESENT STATUS (Single Married Widowed Separated Divorced Annulled Remarried) SPECIFY: <b>Married</b>									
2. NAME OF SPOUSE (Last) (First) (Middle) ( maiden) <b>HIDALGO Veronica W. (WAYLONIS)</b>									
3. DATE OF BIRTH <b>May 29 1914</b>			4. PLACE OF BIRTH (City, State, Country) <b>DuBois, Pa., USA</b>						
5. OCCUPATION <b>Admin Asst</b>			6. PRESENT EMPLOYER <b>C.I.A.</b>						
7. CITIZENSHIP <b>US</b>			8. FORMER CITIZENSHIP(S) COUNTRY(IES) <b>N/A</b>			9. DATE U.S. CITIZENSHIP ACQUIRED <b>Birth</b>			
SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE									
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS			
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		<b>Daughter</b>	<b>NYC NY - Feb 23/50</b>		<b>US</b>	<b>Alexandria Va</b>			
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		<b>Daughter</b>	<b>NYC NY - Jan 6/45</b>		<b>US</b>	<b>Arlington Va</b>			

FORM 444n  
2-68

**SECRET**

G P 1000

ALSO FIRST AID INSTRUCTIONS cover of form 7-44/60

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When Filled In

OFFICIAL USE ONLY (until Filled In)

LLC

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1 EMP SER NO 027530	2 NAME (Last First Middle) MICALGO B N JR	3 SEX M	4 DATE OF BIRTH 09/27/19	5 SCHEDULE GRADE/STEP GS-12-04
6 SSN 0	7 POSITION TITLE CPS OFFICER	8 OFFICE OF ASSIGNMENT AM	9 LOCATION (Country, City) WASH., D.C.	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
<del>WESTERN HEMISPHERE</del> PANAMA	PCS-VV	52/05/12	57/12/50
WESTERN HEMISPHERE	TDY-CC	59/01/29	59/02/08
WESTERN HEMISPHERE	TDY-CC	61/02/01	61/03/01
WESTERN HEMISPHERE	TDY-CC	61/04/19	61/06/19
EUROPEAN AREA	TDY-CC	63/12/01	63/12/18
WESTERN HEMISPHERE	PCS-CC	68/04/01	68/05/01
		63/04/01	64/04/01
WESTERN HEMISPHERE	TDY-CC	65/11/11	65/11/11
		THIRTEEN	13

OVERSEAS DATA

CODED 25 APR 1968

DATE: INITIALS:

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
NONE	NO COLLEGE DEGREE ON RECORD		
	TWO YEARS - COMMERCIAL LHM IMPART EXPORT PROCEED	NYU	1943-45



## SECRET

When Filled In

SECTION III							
EDUCATION (Cont'd)							
HIGH SCHOOL							
LAST HIGH SCHOOL ATTENDED		ADDRESS City, State, Country		YEARS ATTENDED From To		GRADUATE	
La Salle Academy		NYC NY		1938-40		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM / QTR	
	MAJOR	MINOR				HRS. Spent	
1 NYU - NYC NY	Comm. Law	Export laws	Sept 43 to ? 45	No		???	
2							
3							
4							
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE, INDICATE SUBJECT, DATE OF A WRITTEN THESIS, AND DATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             0012 0012              0AEB2E42 0AEB           </div>							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1							
2							
3							
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1							
2							
3							
4							
5							
AGENCY-SPONSORED EDUCATION							
Specify which, if any, of the education shown in Section III was Agency sponsored							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1 Full Ops course				During 1958		9	
2 Management Course				1966 One Week			
3							
4							
5							

SECRET

SECRET

SECTION VII		MILITARY SERVICE	
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT?		2. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		???	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
N/A		N/A	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc.)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty)	
Army	Infantry	FROM Oct 1940 TO Sept 1943	
4. STATUS (Regular, Reserve, etc.)	5. RANK, GRADE OR RATE (at separation, if not service)	6. SERIAL SERVICE OR FILE NUMBER	
Federalized National Guard	Cpl.	20249766	
7. CHECK TYPE OF SEPARATION			
<input checked="" type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input checked="" type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY <input type="checkbox"/> UNDUO HARDSHIPS <input type="checkbox"/> OTHER (Specify)			
8. BRIEF DESCRIPTION OF MILITARY DUTIES (Record the duties and skills which best describe your work or function in the military service)			
Infantryman; Cryptographic sections; driver.			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
None			
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (Record the duties and skills which best describe your work or function in the military service)			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	FIELD OF SPECIALIZATION	DATE COMPLETED	
1.			<input type="checkbox"/> RESIDENT <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
2.			<input type="checkbox"/> RESIDENT <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
3.			<input type="checkbox"/> RESIDENT <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
4.			<input type="checkbox"/> RESIDENT <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
5.			<input type="checkbox"/> RESIDENT <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED

SECRET

## SECRET

(When filled in)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATE OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: CHECK IN			
				RES- DENCE	TRA- V- EL	STUDY	WORK ASSIGN- MENT
Cuba	Language-Area knowledge	1919-1924	---	X			
Panama	" " "	1952-58		X			X
Puerto Rico	" " "	various			X		X
Guatemala	" " "	various			X		X
El Salvador	" " "	various			X		X
Mexico	" " "	various			X		X
Dom Rep	" Limited area knowledge	1965					X
Germany	" " "	1963					X
Scotland	" " "	1963					X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 40	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comptometer, mimeograph, card punch, etc.) Various			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. First Aid Instructor. Very active currently. Fire Fighting and safety practices. University of Maryland. Active currently. <i>Shy, Diving - 10 fingers during 1962. Love swimming.</i>	
2. LIST ALL BUSINESS EQUIPMENT FOR WHICH YOU MAY HAVE LISTED IN ITEM 4. SPECIFICALLY, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES, SUCH AS OPERATION OF RADIO TRANSMITTERS, RECORDING, COPY, SPEED, TYPING & REPAIRING, OFFSET PRESS, TURRET LATHE, ECP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTO, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registration number if known) First Aid Instructor - National Red Cross - 1963	5. FIRST LICENSE, CERTIFICATE (year of issue) 1963 6. LATEST LICENSE/CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

SECRET

(When Filled In)

[illegible]

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SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES				13. ELIGIBILITY (39)	
AWARD		READING (34)		WRITING (35)		PRONUNCIATION (36)	
SKILL		SPEAKING (37)		UNDERSTANDING (38)		AWARDABLE	
						NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A - M		E - I - M	
				C		R - W - B	
				D - V			
16. AMOUNT OF AWARD		\$		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.			
19. STATE/DC TAX DEDUCTION		\$		SIGNATURE			
21. NET AMOUNT OF AWARD		\$		20. CHANGE ALLOTMENT NO.			
23. FORWARD CHECK TO				DATE			
				22. EMPLOYEE PAYROLL NO.			
				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

SECRET

(10-45) MRD COPY

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES				13. ELIGIBILITY (39)	
AWARD		READING (34)		WRITING (35)		PRONUNCIATION (36)	
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SIGNATURE		DATE		A - M		E - I - M	
				C		R - W - B	
				D - V			
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23. FORWARD CHECK TO				DATE			
				22. EMPLOYEE PAYROLL NO.			
				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

SECRET

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SECRET

(When Filled In)

(11-8)		LANGUAGE DATA RECORD		
127 630				
PART I-GENERAL				
1. NAME (Last-First-Middle)		2. DATE OF BIRTH		
Hidalgo, Palmes Nieves JR		MONTH DAY YEAR May 27 1910		
3. LANGUAGE		4. TODAY'S DATE		
Spanish 720		MONTH DAY YEAR May 9 1958		
<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE				
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS	
<b>SECTION D. Speaking (43)</b>	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
<b>SECTION E. Understanding (14)</b>	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3.	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
<b>BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.</b>	
<b>PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)</b>	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
<b>PART IV—CERTIFICATION</b>	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED <i>9 May 1958</i>	SIGNATURE <i>Halmy L. Hildesley</i>
(46) <i>C</i>	(47) <i>A</i>

SECRET

(When Filled In)

127630		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)	
Hidalgo, Balboa Nieves JR		MONTH May	DAY 27
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)	
Portuguese 630		MONTH May	DAY 9
		YEAR 1958	5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
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3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
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4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			



CONTINUATION OF PART II--LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
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SECTION E. Understanding (44)	
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3.	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III--EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV--CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1(C)(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED	SIGNATURE
9 May 1958	J. Salas, J. Delacruz
(46)	(47)

CONFIDENTIAL

SECURITY APPROVAL

DATE : 17 April 1964

YOUR  
REFERENCE: 18658 DDP/SAS

CASE NO. : 65077

TO : Director of Personnel

ATTN :

SUBJECT : HIDALGO, Balnes Nieves, Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged.

☒ A personal interview is not necessary.

☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*

W. A. Osborne

Chief, Personnel Security Division

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 22 April 1963

YOUR REFERENCE: Memorandum of 19 April 1963

CASE NO. : #65077

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~REDACTED~~ Hedwige B. N. Jr.

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, OS-11, by DDP/SAS in the capacity of Operations Officer under Project JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged by your office.

☒ A personal interview is not necessary.

☐

*W. A. Osborne*

W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION OS

**CONFIDENTIAL**  
(WHEN FILLED IN)

**SECURITY APPROVAL**

**DATE** : 10 March 1958

**YOUR  
REFERENCE:**

**CASE NO.** : 65077

**TO** : Director of Personnel

**FROM** : Director of Security

**SUBJECT** : HIDALGO, Balnes Nieves

1. This is to inform you of security approval of the subject person as follows:

- ☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.
- ☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

- ☒ A personal interview in the Office of Security must be arranged.
- ☐ A personal interview is not necessary.
- ☒ This clearance is issued in advance of receipt of a SF-377. Subject will be assigned to the WH Division.

FOR THE DIRECTOR OF SECURITY:

*W. M. Knott*  
W. M. Knott  
Chief, Personnel Security Division

SECRET

BIOGRAPHIC INFORMATION

Name: Raimon E. HIDALGO, Jr.  
Grade: GS-11  
Service Designation: DI

Date and Place of Birth: 27 May 1919  
Havana, Cuba

Marital Status: Married

Education and Career Outside the Agency: 1945-46 New York University - No degree (2 yrs)  
Nov 45-Dec 49 FBI, Eastern part of United States -  
Undercover Agent

Languages: Spanish - Fluent  
Portuguese & French - Fair

Military Duty: 27 Mar 39-27 Sep 1943 New York National Guard  
(Federalized Oct 40) U.S. Army

CIA Experience: 18 Feb 52 Ex Appt., Contract Employee, GS-9, DDP/WH/  
HYPOTHESIS, Panama City, Panama  
1 Feb 56 Promotion, Contract Employee, GS-11, DDP/WH,  
HYPOTHESIS, Panama City, Panama

CIA Training: Covert training

## CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATE RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.			
NAME OF EMPLOYEE (Last) (First) (Middle) HIDALGO JA BALMES NIEVES			
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED D.C.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE D.C.			
2. MARITAL STATUS			
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE BELZONI MISS. USA		DATE OF MARRIAGE 9 APR 1943	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, INDICATE PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE LOUISE HIDALGO		ADDRESS (No., Street, City, Zone, State)	
TELEPHONE NUMBER			
NAMES OF CHILDREN LUZ MARIA FRANCES REBECCA		ADDRESS	
SEX F F		AGE 13 9	
NAME OF FATHER (Or male guardian) BALMES N HIDALGO		ADDRESS	
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian) RESE HIDALGO		ADDRESS	
TELEPHONE NUMBER			
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? WIFE			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) HIDALGO, LOUISE		RELATIONSHIP WIFE	
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS GREENWICH SAVINGS BANK			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED)		
IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?		
JAMES W. HIGHLANDER 7/12 2030 Hillside		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
<p>Do NOT NOTIFY OTHER PERSONS IN ITEM 3 OF EMERGENCY. <u>UNLESS</u> WIFE IS NOT AVAILABLE.</p>		
SIGNED AT	DATE	SIGNATURE
		<i>James W. Highlander</i>

CONFIDENTIAL

# STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

**IMPORTANT:** The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force*. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

## PART I.—EMPLOYEE'S STATEMENT

## PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)		2. DATE OF BIRTH		3. RETENTION GROUP						
HIDALGO JR, BALMIES NIEVES		27 MAY 1919								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service).										
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
US ARMY, DEPT OF DEFENSE QUARTERMASTER CORP	51	1	12				Permanent	7	2	6
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
US ARMY INF	1953	MAR	27	43	SEPT	21	HONORABLE	4	5	25
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.						12. TOTAL SERVICE				
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mer)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)						13. NONCREDITABLE SERVICE (Leave purposes only):				
						14. NONCREDITABLE SERVICE (RIF purposes only):				
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
						16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
						17. EXPIRATION DATE OF RETENTION RIGHTS				

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

(DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 13th day of Mar 1958 at Washington, D.C.

(MONTH)

(CITY)

(STATE)

SEAL

Betty A. Bussard

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

10-58499-1



**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 13) .....

CREDITABLE SERVICE (Leave purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (Leave purposes) .....

SERVICE COMPUTATION DATE (Leave purposes) .....

YEARS	MONTHS	DAYS

58	3	17
11	8	1
46	7	16

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 14) .....

CREDITABLE SERVICE (RIF purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (RIF purposes) .....

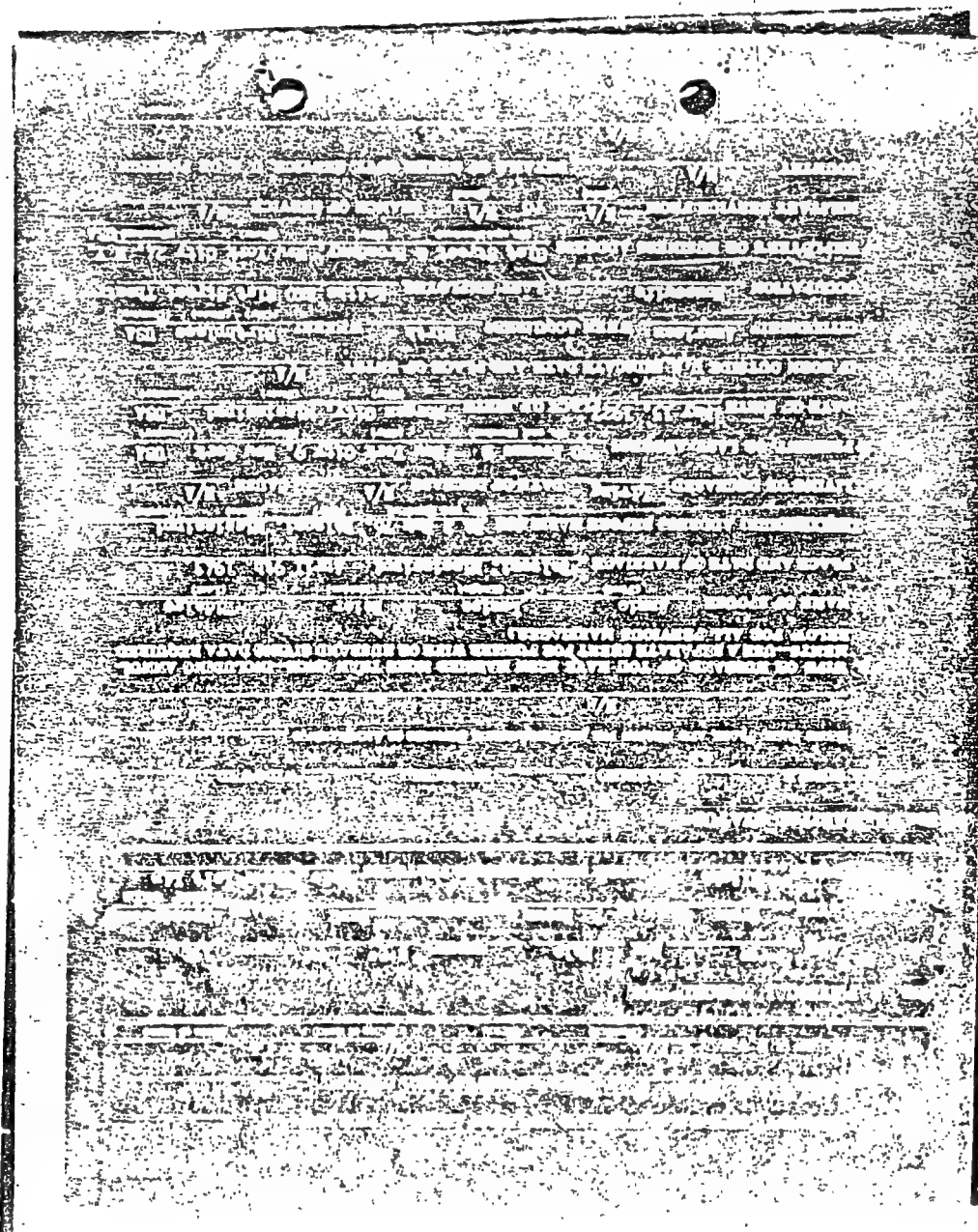
SERVICE COMPUTATION DATE (RIF purposes) .....

(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

YEARS	MONTHS	DAYS


REMARKS:





[illegible]

1. The first part of the document is a letterhead which includes the name of the organization, the date, and the name of the person to whom the letter is addressed. The letterhead is followed by a salutation and a brief statement of the purpose of the letter.

2. The second part of the document is the body of the letter, which contains the main text of the communication. This section is divided into several paragraphs, each dealing with a different aspect of the subject matter. The paragraphs are written in a clear, concise, and professional manner, and are separated by appropriate spacing and punctuation.

3. The third part of the document is the closing, which includes a signature block and a closing line. The signature block contains the name of the person who is sending the letter, and the closing line is a brief statement of the sender's contact information. The closing is followed by a final paragraph, which is a brief statement of the sender's hope that the letter will be helpful to the recipient.

4. The fourth part of the document is the footer, which includes the name of the organization, the date, and the name of the person who is sending the letter. The footer is followed by a final statement, which is a brief statement of the sender's hope that the letter will be helpful to the recipient.

**Part 1. PROTESTANT-LAV**

NAME OF PERSON: David  
DATE OF BIRTH: 1/1  
PLACE OF BIRTH: USA  
DATE OF DEATH: 11 Dec 1977  
PLACE OF DEATH: USA  
DATE OF ENTRY: 1/1  
PLACE OF ENTRY: USA  
DATE OF DEPARTURE: 1/1  
PLACE OF DEPARTURE: USA  
DATE OF ARRIVAL: 1/1  
PLACE OF ARRIVAL: USA

**Part 2. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, IF OF OTHER NATIONALITY OR WHO ARE NOT CITIZENS OF THE UNITED STATES**

NAME: David  
DATE OF BIRTH: 1/1  
PLACE OF BIRTH: USA  
DATE OF DEATH: 11 Dec 1977  
PLACE OF DEATH: USA  
DATE OF ENTRY: 1/1  
PLACE OF ENTRY: USA  
DATE OF DEPARTURE: 1/1  
PLACE OF DEPARTURE: USA  
DATE OF ARRIVAL: 1/1  
PLACE OF ARRIVAL: USA

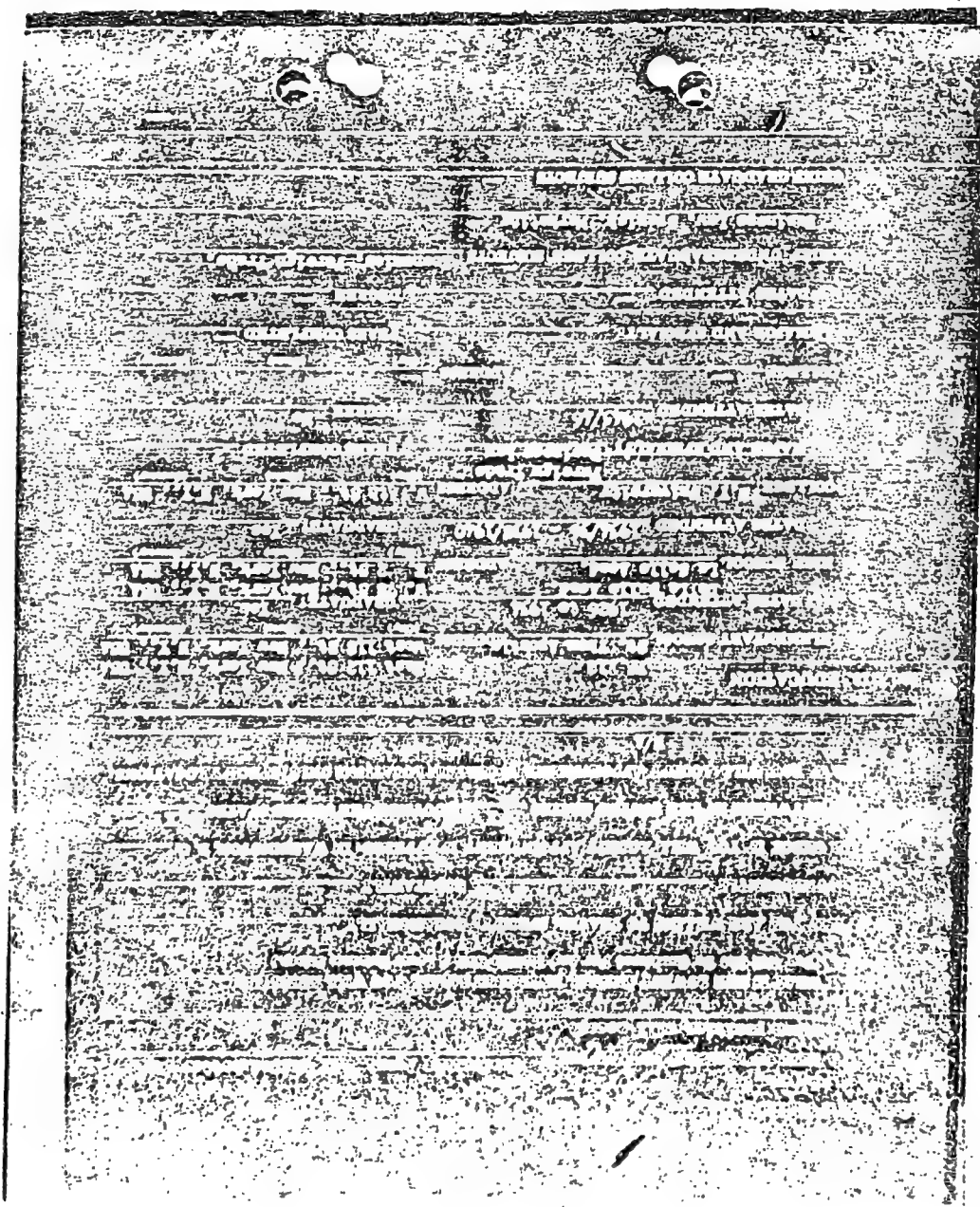
**Part 3. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, IF OF OTHER NATIONALITY OR WHO ARE NOT CITIZENS OF THE UNITED STATES**

NAME: David  
DATE OF BIRTH: 1/1  
PLACE OF BIRTH: USA  
DATE OF DEATH: 11 Dec 1977  
PLACE OF DEATH: USA  
DATE OF ENTRY: 1/1  
PLACE OF ENTRY: USA  
DATE OF DEPARTURE: 1/1  
PLACE OF DEPARTURE: USA  
DATE OF ARRIVAL: 1/1  
PLACE OF ARRIVAL: USA

**Part 4. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, IF OF OTHER NATIONALITY OR WHO ARE NOT CITIZENS OF THE UNITED STATES**

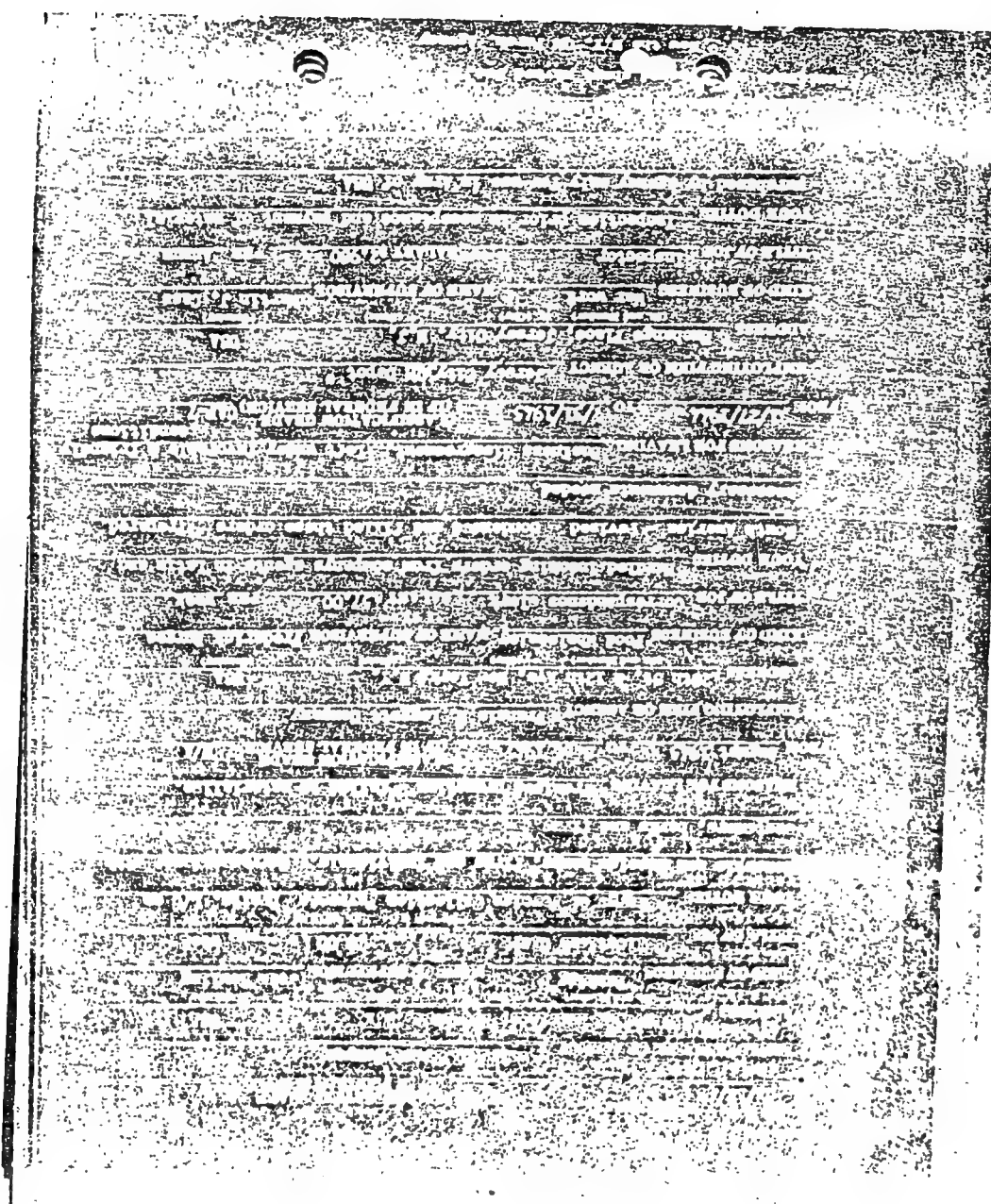
NAME: David  
DATE OF BIRTH: 1/1  
PLACE OF BIRTH: USA  
DATE OF DEATH: 11 Dec 1977  
PLACE OF DEATH: USA  
DATE OF ENTRY: 1/1  
PLACE OF ENTRY: USA  
DATE OF DEPARTURE: 1/1  
PLACE OF DEPARTURE: USA  
DATE OF ARRIVAL: 1/1  
PLACE OF ARRIVAL: USA











HAVE YOUR VISA RE-CHARGED IN 24 HOURS  
 HAVE YOUR PASSPORT RE-CHARGED IN 24 HOURS  
 TO ANY COUNTRY IN THE WORLD

10-10-68

## GENERAL QUALIFICATIONS

**RESEARCH DESIGN**

**THE UNIVERSITY OF CHICAGO**

**THE UNIVERSITY OF CHICAGO PRESS**

1. NAME \_\_\_\_\_  
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1. DATE OF RACE \_\_\_\_\_

James M. Smith, Jr., President, American Society of Mechanical Engineers

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

110

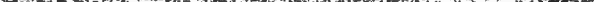
[illegible]

1. **THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, \_\_\_\_\_, Clerk of the County Court, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the County Court of the County of Dallas, State of Texas.**  
 2. **WITNESSES MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**  
 3. **\_\_\_\_\_, Clerk of the County Court.**

100

[illegible]

\_\_\_\_\_



110

FOIA b (7)(C) - Exemption from disclosure of information that would reveal the identity of confidential sources, the methods and techniques of investigation, or information that would be likely to result in the identification of confidential sources.

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*(continued)*

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[illegible]

[illegible]





NAME OF DEFENDANT

NAME OF DEFENDANT

NAME OF DEFENDANT

NAME OF DEFENDANT

NAME OF DEFENDANT

DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN YOUR ANSWER IN DETAIL.

IF YOU HAVE ANSWERED "NO" TO ALL OF THE ABOVE QUESTIONS, PLEASE SIGN YOUR NAME AT THE BOTTOM OF THIS PAGE.

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE SIGN YOUR NAME AT THE BOTTOM OF THIS PAGE.

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CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR, FBI

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

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## PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? \_\_\_\_\_

(Yes or No)

### Sec. 1. PERSONAL BACKGROUND

**A. FULL NAME** Mr. Ealme Nieves Hidalgo, Jr. Telephone: NA  
(Use No Initials) XXX (First) XXX (Middle) XXX (Last) XXX (Office) NA (Ext.) NA (Home) NA

**PRESENT ADDRESS** House number 60, 94th St. East, Panama, Republic of Panama  
(St. and Number) NA (City) NA (State) NA (Country)

**PERMANENT ADDRESS** NA  
(St. and Number) NA (City) NA (State) NA (Country)

**B. NICKNAME** "Barney" "Bal" **WHAT OTHER NAMES HAVE YOU USED?** See remarks

**UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE**

**NAMES?** See remarks

**HOW LONG?** See remarks **IF A LEGAL CHANGE, GIVE PARTICULARS.**

No  
(Where?) NA (By what authority?)

**C. DATE OF BIRTH** 27 May 1919 **PLACE OF BIRTH** Havana, Cuba  
(City) NA (State) NA (Country)

**D. PRESENT CITIZENSHIP** U. S. **BY BIRTH?** NA **BY MARRIAGE?** NA  
(Country)

**BY NATURALIZATION CERTIFICATE NO.** NA **ISSUED** NA **BY** NA  
(Date) NA (Country)

**AT** See remarks  
(City) NA (State) NA (Country)

**HAVE YOU HAD A PREVIOUS NATIONALITY?** No  
(Yes or No) NA (Country)

**HELD BETWEEN WHAT DATES?** NA **TO** NA **ANY OTHER NATIONALITY?** NA  
(Country)

**GIVE PARTICULARS** NA

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** No **GIVE PARTICULARS:**

NA

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? March 1924PORT OF ENTRY? NYC, NY ON PASSPORT OF WHAT COUNTRY? U. S.LAST U. S. VISA None  
(Number) (Type) (Place of Issue) (Date of Issue)

## SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX Male HEIGHT 5' 9" WEIGHT 145  
EYES Brown HAIR Dark Brown COMPLEXION Dark SCARS under chin  
BUILD slight OTHER DISTINGUISHING FEATURES Mole. Upper left lip.

## SEC. 3. MARITAL STATUS

A. SINGLE ☐ MARRIED ☒ DIVORCED ☐ WIDOWED ☐

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Annie Louise Beier Hidalgo  
(First) (Middle) (Maiden) (Last)PLACE AND DATE OF MARRIAGE Belzoni, Mississippi - 9 April 1943~~WIFE (OR HER)~~ ADDRESS BEFORE MARRIAGE Rt. 2, Box 76, Belzoni, Mississippi, USA  
(St. and Number) (City) (State) (Country)LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NAPRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)DATE OF BIRTH 15 May 1927 PLACE OF BIRTH Morgan City, Mississippi, USA  
(City) (State) (Country)IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NACITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)OCCUPATION File Clerk LAST EMPLOYER ClassifiedEMPLOYER'S OR BUSINESS ADDRESS Classified  
(St. and Number) (City) (State) (Country)MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGNNA

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME Ius Maria Hidalgo RELATIONSHIP Daughter AGE 12  
CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
2. NAME Frances Rebecca Hidalgo RELATIONSHIP Daughter AGE 7  
CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

(also dependent)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Baldes Marques Hidalgo  
(First) (Middle) (Last)  
LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE NA  
PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH December 1920 PLACE OF BIRTH Aguadilla, Puerto Rico  
(City) (State) (Country)  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1923 (March) NYC, NY  
CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? Puerto Rico  
(City) (State) (Country)  
OCCUPATION Retired LAST EMPLOYER Do not remember  
EMPLOYER'S OR OWN BUSINESS ADDRESS None  
(St. and Number) (City) (State) (Country)  
MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)  
COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Frances Beatrice Hidalgo  
(First) (Middle) (Last)  
LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH 12 Jan. 1892 PLACE OF BIRTH Orledo, Spain  
CITIZENSHIP U. S. WHEN ACQUIRED? Marriage 1917 WHERE? Havana, Cuba  
(City) (State) (Country)  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY March 1924, NYC, NY, USA

(4)

OCCUPATION Retired LAST EMPLOYER Leonid De Lascinski

EMPLOYER'S OR OWN BUSINESS ADDRESS 48 St. NYC, NY  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

**SEC. 7. BROTHERS AND SISTERS** (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME	(First)	(Middle)	(Last)	AGE
PRESENT ADDRESS	(St. and Number)	(City)	(State)	(Country)
				(Citizenship)
2. FULL NAME	(First)	(Middle)	(Last)	AGE
PRESENT ADDRESS	(St. and Number)	(City)	(State)	(Country)
				(Citizenship)
3. FULL NAME	(First)	(Middle)	(Last)	AGE
PRESENT ADDRESS	(St. and Number)	(City)	(State)	(Country)
				(Citizenship)
4. FULL NAME	(First)	(Middle)	(Last)	AGE
PRESENT ADDRESS	(St. and Number)	(City)	(State)	(Country)
				(Citizenship)
5. FULL NAME	(First)	(Middle)	(Last)	AGE
PRESENT ADDRESS	(St. and Number)	(City)	(State)	(Country)
				(Citizenship)

## SEC. 8. FATHER-IN-LAW

FULL NAME Henry B. Poier  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1895 PLACE OF BIRTH USA

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)

OCCUPATION Laborer LAST EMPLOYER Unknown

SEC. 9. MOTHER-IN-LAW

FULL NAME Emma Rebecca Peior  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
 PRESENT, OR LAST, ADDRESS 210 California Avenue, Ieland, Mississippi, USA  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH 1893 PLACE OF BIRTH USA  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
 CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? U.S.A.  
(City) (State) (Country)  
 OCCUPATION Housewife LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

See  
remarks

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

NONE

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

## SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR ..... See covering dispatch reference .....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$5000 P/A  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ..... Yes .....  
FREQUENTLY ..... CONSTANTLY ..... X .....

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X .....  
ANYWHERE IN THE UNITED STATES X ..... OUTSIDE THE UNITED STATES X .....

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:  
.....

## SEC. 13. EDUCATION

ELEMENTARY SCHOOL St. Thomas Apostolic Address NYC NY USA  
(City) (State) (Country)  
DATES ATTENDED 1926-1934 GRADUATE? Yes

HIGH SCHOOL La Salle Academy Address 2nd St. and 2nd Avenue NYC, NY USA  
(City) (State) (Country)  
DATES ATTENDED 1936-1940 GRADUATE? Yes

COLLEGE University Address Washington Square, NYC, NY, USA  
Foreign Trade and (City) (State) (Country)  
MAJOR AND SPECIALTY Business Law YEARS COMPLETED Two (Night School)

DATES ATTENDED 1944-1945 DEGREE No

COLLEGE ADDRESS  
(City) (State) (Country)  
MAJOR AND SPECIALTY YEARS COMPLETED  
DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS .....

CHIEF GRADUATE COLLEGE SUBJECTS .....



Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U. S. Army Cpl. 1940-1943  
(Country) (Service) (Rank) (Dates of Service)  
Camp Hale, Colorado 202 149766 Honorable  
(Last Station) (Postal Number) (Type of Discharge)  
 REMARKS: None  
 Do not remember  
 SELECTIVE SERVICE BOARD NUMBER ADDRESS  
 IF DEFERRED GIVE REASON NA  
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NA

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM Feb. 1952 TO Present CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE) GS-11  
 EMPLOYING FIRM OR AGENCY See covering dispatch reference  
 ADDRESS See covering dispatch reference  
(St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR See covering dispatch  
 TITLE OF JOB See covering dispatch SALARY \$6390.00 PER annum  
 YOUR DUTIES See covering dispatch reference

REASONS FOR LEAVING  
 FROM January 1951 TO February 1952 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE) GS-7  
 EMPLOYING FIRM OR AGENCY NY Q Procurement Agency  
 ADDRESS 111 East 16th Street NYC, NY, USA  
(St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR Do not remember  
 TITLE OF JOB Inspector SALARY \$3525.00 PER annum  
 YOUR DUTIES Inspecting material being purchased by U. S. Govt. specifically  
the U. S. Army.  
 REASONS FOR LEAVING To obtain present position.

(8)

FROM July 1950 TO January 1951 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY American Trust Company

ADDRESS Wall Street, New York City, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Left for higher paying work

FROM January 1948 TO May 1950 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Colonial Trust Company

ADDRESS 6th Avenue and 45th Street, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work.

REASONS FOR LEAVING Promised promotion failed to materialize.

FROM August 1945 TO September 1947 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Francis H. Leggett Inc.

ADDRESS 28th Street and 12th Avenue, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Wholesale NAME OF SUPERVISOR Do not remember  
Grocery house.

TITLE OF JOB Correspondence clerk SALARY \$ 57.00 PER week

YOUR DUTIES Export correspondence clerical duties.

REASONS FOR LEAVING Disatisfied with type of work.

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish ..... SPEAK Fluent ..... READ .. Fluent .. WRITE .. Fluent ..

LANGUAGE Portuguese ..... SPEAK Slight ..... READ .... Fair ..... WRITE ..... Slight ..

LANGUAGE ..... SPEAK ..... READ ..... WRITE .....

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Judo - Have attained "yellow belt" rank

Photography - Very good degree of proficiency

Bowling - Fair degree of proficiency

Philately - Fair degree of proficiency

Fishing (no comment)

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Yes, See covering dispatch reference.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

All photographic devices.

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 30 ..... SHORTHAND ..... 0 ..

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE \_\_\_\_\_ No.

FIRST LIC. OR CERTIFICATE (YR) \_\_\_\_\_ LATEST LIC. OR CERTIFICATE (YR) \_\_\_\_\_

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NA

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes. I must wear glasses continually.

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

No

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Edward Lee Anderson	BUS. ADD. See Dispatch reference.		
	RES. ADD.		
2. Willard Galbraith	BUS. ADD. " " "		
	RES. ADD.		
3. Homer Neal	BUS. ADD. " " "		
	RES. ADD.		
4. Andres Rivera	BUS. ADD. " " "		
	RES. ADD.		
5. Joseph Sancho	BUS. ADD. " " "		
	RES. ADD.		

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		
4. _____	BUS. ADD. _____		
	RES. ADD. _____		
5. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes IF NOT, STATE SOURCES OF OTHER INCOME \_\_\_\_\_
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Greenwich Savings Bank, 36th St. and Broadway and 6th Avenue, NYC, NY.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No  
GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)  
2. NAME None ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)  
3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

## SEC. 22. RESIDENCES FOR THE PAST 15 YEARS.

FROM April 1952 TO Present Panama Republic of Panama  
(St. and number) (City) (State) (Country)  
FROM 1949 TO 1952 20 Ave. D, NYC, NY, USA  
(St. and number) (City) (State) (Country)  
FROM 1944 TO 1948 200 West 82nd St., NYC, NY, USA  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

## SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 1919 TO 1924 Havana, Cuba Country of birth  
(City or section) (Country) (Purpose)  
FROM 1942 TO 1943 Pacific area US Army  
(City or section) (Country) (Purpose)  
FROM 1952 TO Present Republic of Panama Work  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

## SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. None  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_  
2. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_  
3. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

4. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

5. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

6. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

7. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

#### SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: NO (See remarks)

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Beer with meals

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

Department of Defense

Present Organization

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Federal Bureau of Investigation - 1946

This Organisation - 1952

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Amie Louise Hidalgo RELATIONSHIP wife

ADDRESS Same as applicant  
(No. and Number) (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Pt. Auclair, Canal Zone  
(City and State)

DATE 19 July 1957

(Witness)

(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.



Section 1A - While an undercover agent for the Federal Bureau of Investigations from 1946 to 1949 I used the name of Bernard Harris to members of the Communist Party of the United States. This information is already on file in this organization.

Section 1D - I became an American citizen at birth through the citizenship of my father. This information is already on file in this organization.

Section 3B - My wife is employed by this organization.

Section 10 - I have many relatives in Spain and Cuba but do not correspond with them and so do not know names, addresses or present status.

Section 18 - All persons mentioned in this section are employees of this organization.

Sections 19

and 20 - Not having lived in the USA for over five years I have lost all contact with old friends, neighbors, etc. I do not know their addresses, status, etc., at this time.

Section 25 - My past connections with any subversive groups and the reasons for such connections is already on file in the files of this organization.

14-00000

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE

July 14 71